

EXHIBIT A

ALABAMA SJIS CASE DETAIL

PREPARED FOR: TRACI ABBETT



County: **01** Case Number: **CV-2018-900889.00** Court Action:
 Style: **THOMAS E. REYNOLDS TRUSTEE V. BEHRMAN CAPITAL IV L.P. ET AL**

RealTime

Case Action Summary

Date:	Time	Code	Comments	Operator
3/3/2018	12:10 PM	ECOMP	COMPLAINT E-FILED.	BEN062
3/3/2018	12:11 PM	FILE	FILED THIS DATE: 03/03/2018 (AV01)	AJA
3/3/2018	12:11 PM	EORD	E-ORDER FLAG SET TO "Y" (AV01)	AJA
3/3/2018	12:11 PM	ASSJ	ASSIGNED TO JUDGE: CAROLE C. SMITHERMAN (AV01)	AJA
3/3/2018	12:11 PM	ORIG	ORIGIN: INITIAL FILING (AV01)	AJA
3/3/2018	12:11 PM	SCAN	CASE SCANNED STATUS SET TO: N (AV01)	AJA
3/3/2018	12:11 PM	TDMJ	JURY TRIAL REQUESTED (AV01)	AJA
3/3/2018	12:11 PM	STAT	CASE ASSIGNED STATUS OF: ACTIVE (AV01)	AJA
3/3/2018	12:11 PM	C001	C001 PARTY ADDED: REYNOLDS THOMAS E. TRUSTEE(AV02)	AJA
3/3/2018	12:11 PM	C001	LISTED AS ATTORNEY FOR C001: SPARKS DANIEL DAVIDS	AJA
3/3/2018	12:11 PM	C001	LISTED AS ATTORNEY FOR C001: BENSINGER BILL DELON	AJA
3/3/2018	12:11 PM	C001	INDIGENT FLAG SET TO: N (AV02)	AJA
3/3/2018	12:11 PM	C001	C001 E-ORDER FLAG SET TO "N" (AV02)	AJA
3/3/2018	12:11 PM	C001	LISTED AS ATTORNEY FOR C001: MACKLEM JONATHAN WIL	AJA
3/3/2018	12:11 PM	C001	LISTED AS ATTORNEY FOR C001: SMITH RICHARD EARL	AJA
3/3/2018	12:11 PM	D001	INDIGENT FLAG SET TO: N (AV02)	AJA
3/3/2018	12:11 PM	D001	CERTIFIED MAI ISSUED: 03/03/2018 TO D001 (AV02)	AJA
3/3/2018	12:11 PM	D001	LISTED AS ATTORNEY FOR D001: PRO SE (AV02)	AJA
3/3/2018	12:11 PM	D001	D001 PARTY ADDED: BEHRMAN CAPITAL IV L.P. (AV02)	AJA
3/3/2018	12:11 PM	D001	D001 E-ORDER FLAG SET TO "N" (AV02)	AJA
3/3/2018	12:11 PM	D002	D002 PARTY ADDED: BEHRMAN BROTHERS IV L.L.C.(AV02)	AJA
3/3/2018	12:12 PM	D002	INDIGENT FLAG SET TO: N (AV02)	AJA
3/3/2018	12:12 PM	D002	LISTED AS ATTORNEY FOR D002: PRO SE (AV02)	AJA
3/3/2018	12:12 PM	D002	CERTIFIED MAI ISSUED: 03/03/2018 TO D002 (AV02)	AJA
3/3/2018	12:12 PM	D002	D002 E-ORDER FLAG SET TO "N" (AV02)	AJA
3/3/2018	12:12 PM	D003	D003 PARTY ADDED: MIDCAP FINANCIAL INVESTMENT, LP	AJA
3/3/2018	12:12 PM	D003	LISTED AS ATTORNEY FOR D003: PRO SE (AV02)	AJA
3/3/2018	12:12 PM	D003	D003 E-ORDER FLAG SET TO "N" (AV02)	AJA
3/3/2018	12:12 PM	D003	INDIGENT FLAG SET TO: N (AV02)	AJA
3/3/2018	12:12 PM	D003	CERTIFIED MAI ISSUED: 03/03/2018 TO D003 (AV02)	AJA
3/3/2018	12:12 PM	D004	D004 PARTY ADDED: CORE AMERICAS/GLOBAL HOLDINGS, L	AJA
3/3/2018	12:12 PM	D004	INDIGENT FLAG SET TO: N (AV02)	AJA
3/3/2018	12:12 PM	D004	LISTED AS ATTORNEY FOR D004: PRO SE (AV02)	AJA
3/3/2018	12:12 PM	D004	CERTIFIED MAI ISSUED: 03/03/2018 TO D004 (AV02)	AJA
3/3/2018	12:12 PM	D004	D004 E-ORDER FLAG SET TO "N" (AV02)	AJA
3/3/2018	12:12 PM	D005	D005 PARTY ADDED: CS STRATEGIC PARTNERS IV INVESTM	AJA
3/3/2018	12:12 PM	D005	INDIGENT FLAG SET TO: N (AV02)	AJA
3/3/2018	12:12 PM	D005	LISTED AS ATTORNEY FOR D005: PRO SE (AV02)	AJA
3/3/2018	12:12 PM	D005	CERTIFIED MAI ISSUED: 03/03/2018 TO D005 (AV02)	AJA
3/3/2018	12:12 PM	D005	D005 E-ORDER FLAG SET TO "N" (AV02)	AJA
3/3/2018	12:12 PM	D006	D006 PARTY ADDED: GLOBAL FUND PARTNERS II, LP	AJA
3/3/2018	12:12 PM	D006	INDIGENT FLAG SET TO: N (AV02)	AJA

3/3/2018	12:12 PM	D006	LISTED AS ATTORNEY FOR D006: PRO SE (AV02)	AJA
3/3/2018	12:12 PM	D006	CERTIFIED MAI ISSUED: 03/03/2018 TO D006 (AV02)	AJA
3/3/2018	12:12 PM	D006	D006 E-ORDER FLAG SET TO "N" (AV02)	AJA
3/3/2018	12:12 PM	D007	D007 PARTY ADDED: METLIFE INSURANCE COMPANY OF CON	AJA
3/3/2018	12:12 PM	D007	INDIGENT FLAG SET TO: N (AV02)	AJA
3/3/2018	12:12 PM	D007	LISTED AS ATTORNEY FOR D007: PRO SE (AV02)	AJA
3/3/2018	12:12 PM	D007	CERTIFIED MAI ISSUED: 03/03/2018 TO D007 (AV02)	AJA
3/3/2018	12:12 PM	D007	D007 E-ORDER FLAG SET TO "N" (AV02)	AJA
3/3/2018	12:12 PM	D008	D008 PARTY ADDED: PORTFOLIO ADVISORS SECONDARY FUN	AJA
3/3/2018	12:12 PM	D008	LISTED AS ATTORNEY FOR D008: PRO SE (AV02)	AJA
3/3/2018	12:12 PM	D008	INDIGENT FLAG SET TO: N (AV02)	AJA
3/3/2018	12:12 PM	D008	CERTIFIED MAI ISSUED: 03/03/2018 TO D008 (AV02)	AJA
3/3/2018	12:12 PM	D008	D008 E-ORDER FLAG SET TO "N" (AV02)	AJA
3/3/2018	12:12 PM	D009	D009 PARTY ADDED: STEPSTONE PRIVATE EQUITY PARTNER	AJA
3/3/2018	12:12 PM	D009	LISTED AS ATTORNEY FOR D009: PRO SE (AV02)	AJA
3/3/2018	12:12 PM	D009	INDIGENT FLAG SET TO: N (AV02)	AJA
3/3/2018	12:12 PM	D009	D009 E-ORDER FLAG SET TO "N" (AV02)	AJA
3/3/2018	12:12 PM	D009	CERTIFIED MAI ISSUED: 03/03/2018 TO D009 (AV02)	AJA
3/3/2018	12:12 PM	D010	D010 PARTY ADDED: ZEITLIN AMANDA (AV02)	AJA
3/3/2018	12:12 PM	D010	INDIGENT FLAG SET TO: N (AV02)	AJA
3/3/2018	12:12 PM	D010	CERTIFIED MAI ISSUED: 03/03/2018 TO D010 (AV02)	AJA
3/3/2018	12:12 PM	D010	D010 E-ORDER FLAG SET TO "N" (AV02)	AJA
3/3/2018	12:12 PM	D010	LISTED AS ATTORNEY FOR D010: PRO SE (AV02)	AJA
3/3/2018	12:12 PM	D011	D011 PARTY ADDED: BEHRMAN GREG M. (AV02)	AJA
3/3/2018	12:12 PM	D011	INDIGENT FLAG SET TO: N (AV02)	AJA
3/3/2018	12:12 PM	D011	CERTIFIED MAI ISSUED: 03/03/2018 TO D011 (AV02)	AJA
3/3/2018	12:12 PM	D011	LISTED AS ATTORNEY FOR D011: PRO SE (AV02)	AJA
3/3/2018	12:12 PM	D011	D011 E-ORDER FLAG SET TO "N" (AV02)	AJA
3/3/2018	12:12 PM	D012	D012 PARTY ADDED: CHIATE GREGORY J. (AV02)	AJA
3/3/2018	12:12 PM	D012	INDIGENT FLAG SET TO: N (AV02)	AJA
3/3/2018	12:12 PM	D012	LISTED AS ATTORNEY FOR D012: PRO SE (AV02)	AJA
3/3/2018	12:12 PM	D012	CERTIFIED MAI ISSUED: 03/03/2018 TO D012 (AV02)	AJA
3/3/2018	12:12 PM	D012	D012 E-ORDER FLAG SET TO "N" (AV02)	AJA
3/3/2018	12:12 PM	D013	INDIGENT FLAG SET TO: N (AV02)	AJA
3/3/2018	12:12 PM	D013	D013 PARTY ADDED: DIEBER GARY (AV02)	AJA
3/3/2018	12:12 PM	D013	LISTED AS ATTORNEY FOR D013: PRO SE (AV02)	AJA
3/3/2018	12:12 PM	D013	CERTIFIED MAI ISSUED: 03/03/2018 TO D013 (AV02)	AJA
3/3/2018	12:12 PM	D013	D013 E-ORDER FLAG SET TO "N" (AV02)	AJA
3/3/2018	12:12 PM	D014	D014 PARTY ADDED: THE DOUGLAS E. BEHRMAN TRUST	AJA
3/3/2018	12:13 PM	D014	LISTED AS ATTORNEY FOR D014: PRO SE (AV02)	AJA
3/3/2018	12:13 PM	D014	INDIGENT FLAG SET TO: N (AV02)	AJA
3/3/2018	12:13 PM	D014	D014 E-ORDER FLAG SET TO "N" (AV02)	AJA
3/3/2018	12:13 PM	D014	CERTIFIED MAI ISSUED: 03/03/2018 TO D014 (AV02)	AJA
3/3/2018	12:13 PM	D015	INDIGENT FLAG SET TO: N (AV02)	AJA
3/3/2018	12:13 PM	D015	D015 PARTY ADDED: GRIMES MARK V. (AV02)	AJA
3/3/2018	12:13 PM	D015	CERTIFIED MAI ISSUED: 03/03/2018 TO D015 (AV02)	AJA
3/3/2018	12:13 PM	D015	LISTED AS ATTORNEY FOR D015: PRO SE (AV02)	AJA
3/3/2018	12:13 PM	D015	D015 E-ORDER FLAG SET TO "N" (AV02)	AJA
3/3/2018	12:13 PM	D016	D016 PARTY ADDED: THE KIMBERLY E. BEHRMAN TRUST	AJA
3/3/2018	12:13 PM	D016	INDIGENT FLAG SET TO: N (AV02)	AJA
3/3/2018	12:13 PM	D016	CERTIFIED MAI ISSUED: 03/03/2018 TO D016 (AV02)	AJA
3/3/2018	12:13 PM	D016	LISTED AS ATTORNEY FOR D016: PRO SE (AV02)	AJA
3/3/2018	12:13 PM	D016	D016 E-ORDER FLAG SET TO "N" (AV02)	AJA

3/3/2018	12:13 PM	D017	D017 PARTY ADDED: LONERGAN SIMON (AV02)	AJA
3/3/2018	12:13 PM	D017	INDIGENT FLAG SET TO: N (AV02)	AJA
3/3/2018	12:13 PM	D017	D017 E-ORDER FLAG SET TO "N" (AV02)	AJA
3/3/2018	12:13 PM	D017	LISTED AS ATTORNEY FOR D017: PRO SE (AV02)	AJA
3/3/2018	12:13 PM	D017	CERTIFIED MAI ISSUED: 03/03/2018 TO D017 (AV02)	AJA
3/3/2018	12:13 PM	D018	INDIGENT FLAG SET TO: N (AV02)	AJA
3/3/2018	12:13 PM	D018	D018 PARTY ADDED: MATTES WILLIAM (AV02)	AJA
3/3/2018	12:13 PM	D018	LISTED AS ATTORNEY FOR D018: PRO SE (AV02)	AJA
3/3/2018	12:13 PM	D018	CERTIFIED MAI ISSUED: 03/03/2018 TO D018 (AV02)	AJA
3/3/2018	12:13 PM	D018	D018 E-ORDER FLAG SET TO "N" (AV02)	AJA
3/3/2018	12:13 PM	D019	LISTED AS ATTORNEY FOR D019: PRO SE (AV02)	AJA
3/3/2018	12:13 PM	D019	D019 PARTY ADDED: RAPPORT MICHAEL (AV02)	AJA
3/3/2018	12:13 PM	D019	INDIGENT FLAG SET TO: N (AV02)	AJA
3/3/2018	12:13 PM	D019	D019 E-ORDER FLAG SET TO "N" (AV02)	AJA
3/3/2018	12:13 PM	D019	CERTIFIED MAI ISSUED: 03/03/2018 TO D019 (AV02)	AJA
3/3/2018	12:13 PM	D020	D020 PARTY ADDED: SHAH PRADYUT (AV02)	AJA
3/3/2018	12:13 PM	D020	INDIGENT FLAG SET TO: N (AV02)	AJA
3/3/2018	12:13 PM	D020	D020 E-ORDER FLAG SET TO "N" (AV02)	AJA
3/3/2018	12:13 PM	D020	LISTED AS ATTORNEY FOR D020: PRO SE (AV02)	AJA
3/3/2018	12:13 PM	D020	CERTIFIED MAI ISSUED: 03/03/2018 TO D020 (AV02)	AJA
3/3/2018	12:13 PM	D021	D021 PARTY ADDED: WU JEFFREY S. (AV02)	AJA
3/3/2018	12:13 PM	D021	D021 E-ORDER FLAG SET TO "N" (AV02)	AJA
3/3/2018	12:13 PM	D021	INDIGENT FLAG SET TO: N (AV02)	AJA
3/3/2018	12:13 PM	D021	CERTIFIED MAI ISSUED: 03/03/2018 TO D021 (AV02)	AJA
3/3/2018	12:13 PM	D021	LISTED AS ATTORNEY FOR D021: PRO SE (AV02)	AJA
3/3/2018	12:57 PM	D023	D023 PARTY ADDED: MINTZ LEVIN, COHN, FERRIS, GLOVS	AJA
3/3/2018	12:57 PM	D023	INDIGENT FLAG SET TO: N (AV02)	AJA
3/3/2018	12:57 PM	D023	LISTED AS ATTORNEY FOR D023: PRO SE (AV02)	AJA
3/3/2018	12:57 PM	D023	CERTIFIED MAI ISSUED: 03/03/2018 TO D023 (AV02)	AJA
3/3/2018	12:57 PM	D023	D023 E-ORDER FLAG SET TO "N" (AV02)	AJA
3/3/2018	4:39 PM	D022	D022 PARTY ADDED: 75. BEHRMAN BROTHERS MANAGEMENT	AJA
3/3/2018	4:39 PM	D022	INDIGENT FLAG SET TO: N (AV02)	AJA
3/3/2018	4:39 PM	D022	LISTED AS ATTORNEY FOR D022: PRO SE (AV02)	AJA
3/3/2018	4:39 PM	D022	CERTIFIED MAI ISSUED: 03/03/2018 TO D022 (AV02)	AJA
3/3/2018	4:39 PM	D022	D022 E-ORDER FLAG SET TO "N" (AV02)	AJA
3/5/2018	8:26 AM	D001	CERTIFIED MAI ISSUED: 03/05/2018 TO D001 (AV02)	SUR
3/5/2018	8:27 AM	D002	CERTIFIED MAI ISSUED: 03/05/2018 TO D002 (AV02)	SUR
3/5/2018	8:27 AM	D003	CERTIFIED MAI ISSUED: 03/05/2018 TO D003 (AV02)	SUR
3/5/2018	8:27 AM	D004	CERTIFIED MAI ISSUED: 03/05/2018 TO D004 (AV02)	SUR
3/5/2018	8:27 AM	D005	CERTIFIED MAI ISSUED: 03/05/2018 TO D005 (AV02)	SUR
3/5/2018	8:27 AM	D006	CERTIFIED MAI ISSUED: 03/05/2018 TO D006 (AV02)	SUR
3/5/2018	8:27 AM	D007	CERTIFIED MAI ISSUED: 03/05/2018 TO D007 (AV02)	SUR
3/5/2018	8:27 AM	D008	CERTIFIED MAI ISSUED: 03/05/2018 TO D008 (AV02)	SUR
3/5/2018	8:27 AM	D009	CERTIFIED MAI ISSUED: 03/05/2018 TO D009 (AV02)	SUR
3/5/2018	8:28 AM	D011	CERTIFIED MAI ISSUED: 03/05/2018 TO D011 (AV02)	SUR
3/5/2018	8:28 AM	D012	CERTIFIED MAI ISSUED: 03/05/2018 TO D012 (AV02)	SUR
3/5/2018	8:28 AM	D013	CERTIFIED MAI ISSUED: 03/05/2018 TO D013 (AV02)	SUR
3/5/2018	8:28 AM	D014	CERTIFIED MAI ISSUED: 03/05/2018 TO D014 (AV02)	SUR
3/5/2018	8:28 AM	D015	CERTIFIED MAI ISSUED: 03/05/2018 TO D015 (AV02)	SUR
3/5/2018	8:28 AM	D016	CERTIFIED MAI ISSUED: 03/05/2018 TO D016 (AV02)	SUR
3/5/2018	8:28 AM	D017	CERTIFIED MAI ISSUED: 03/05/2018 TO D017 (AV02)	SUR
3/5/2018	8:28 AM	D018	CERTIFIED MAI ISSUED: 03/05/2018 TO D018 (AV02)	SUR
3/5/2018	8:28 AM	D019	CERTIFIED MAI ISSUED: 03/05/2018 TO D019 (AV02)	SUR

3/5/2018	8:26 AM	D020	CERTIFIED MAIL ISSUED: 03/05/2018 TO D020 (AV02)	SUR
3/5/2018	8:28 AM	D021	CERTIFIED MAIL ISSUED: 03/05/2018 TO D021 (AV02)	SUR
3/5/2018	8:29 AM	D022	CERTIFIED MAIL ISSUED: 03/05/2018 TO D022 (AV02)	SUR
3/5/2018	8:29 AM	D023	CERTIFIED MAIL ISSUED: 03/05/2018 TO D023 (AV02)	SUR
3/5/2018	9:49 AM	ESCAN	SCAN - FILED 3/5/2018 - NOTICE	SUR
3/5/2018	3:45 PM	D024	D024 PARTY ADDED: AXZ PRIMARY FUND AMERICA IV, LP	PAS
3/6/2018	3:45 PM	D024	INDIGENT FLAG SET TO: N (AV02)	PAS
3/6/2018	3:45 PM	D024	LISTED AS ATTORNEY FOR D024: PRO SE (AV02)	PAS
3/6/2018	3:45 PM	D024	D024 E-ORDER FLAG SET TO "N" (AV02)	PAS
3/5/2018	3:45 PM	D025	D025 PARTY ADDED: AXA PRIVATAE CAPITAL I, LP(AV02)	PAS
3/5/2018	3:45 PM	D025	INDIGENT FLAG SET TO: N (AV02)	PAS
3/5/2018	3:45 PM	D025	LISTED AS ATTORNEY FOR D025: PRO SE (AV02)	PAS
3/6/2018	3:45 PM	D025	D025 E-ORDER FLAG SET TO "N" (AV02)	PAS
3/5/2018	3:45 PM	D025	D025 NAME CHANGED FROM: AXA PRIVATAE CAPITAL I, LP	PAS
3/5/2018	3:46 PM	D024	D024 NAME CHANGED FROM: AXZ PRIMARY FUND AMERICA I	PAS
3/5/2018	3:49 PM	D026	D026 PARTY ADDED: PARTNERS GROUP DIRECT INVESTMENT	PAS
3/6/2018	3:49 PM	D026	INDIGENT FLAG SET TO: N (AV02)	PAS
3/6/2018	3:49 PM	D026	D026 E-ORDER FLAG SET TO "N" (AV02)	PAS
3/5/2018	3:49 PM	D026	LISTED AS ATTORNEY FOR D026: PRO SE (AV02)	PAS
3/5/2018	3:49 PM	D026	D026 ADDR1 CHANGED FROM: TUDOR HOUSE2ND FLOOR	PAS
3/5/2018	3:50 PM	D027	D027 PARTY ADDED: PARTNERS GROUP GLOBAL OPPORTUNIT	PAS
3/6/2018	3:50 PM	D027	INDIGENT FLAG SET TO: N (AV02)	PAS
3/6/2018	3:50 PM	D027	D027 E-ORDER FLAG SET TO "N" (AV02)	PAS
3/5/2018	3:50 PM	D027	LISTED AS ATTORNEY FOR D027: PRO SE (AV02)	PAS
3/5/2018	3:51 PM	D028	D028 PARTY ADDED: PE HOLDING USD GMBH (AV02)	PAS
3/5/2018	3:51 PM	D028	INDIGENT FLAG SET TO: N (AV02)	PAS
3/5/2018	3:51 PM	D028	LISTED AS ATTORNEY FOR D028: PRO SE (AV02)	PAS
3/6/2018	3:51 PM	D028	D028 E-ORDER FLAG SET TO "N" (AV02)	PAS
3/6/2018	3:54 PM	D029	D029 PARTY ADDED: STEPSTONE PRIVATE EQUITY PARTNER	PAS
3/5/2018	3:54 PM	D029	INDIGENT FLAG SET TO: N (AV02)	PAS
3/5/2018	3:54 PM	D029	LISTED AS ATTORNEY FOR D029: PRO SE (AV02)	PAS
3/5/2018	3:54 PM	D029	D029 E-ORDER FLAG SET TO "N" (AV02)	PAS
3/5/2018	3:57 PM	D030	D030 PARTY ADDED: THE GOVERNOR AND COMPANY (AV02)	PAS
3/6/2018	3:57 PM	D030	INDIGENT FLAG SET TO: N (AV02)	PAS
3/5/2018	3:57 PM	D030	LISTED AS ATTORNEY FOR D030: PRO SE (AV02)	PAS
3/5/2018	3:57 PM	D030	D030 E-ORDER FLAG SET TO "N" (AV02)	PAS
3/6/2018	3:59 PM	D031	D031 PARTY ADDED: VARMA MUTUAL PENSION INSUR CO	PAS
3/5/2018	3:59 PM	D031	INDIGENT FLAG SET TO: N (AV02)	PAS
3/6/2018	3:59 PM	D031	LISTED AS ATTORNEY FOR D031: PRO SE (AV02)	PAS
3/5/2018	3:59 PM	D031	D031 E-ORDER FLAG SET TO "N" (AV02)	PAS
3/5/2018	4:00 PM	D032	D032 PARTY ADDED: ASF III BLUENOTE LIMITED (ASF)	PAS
3/5/2018	4:00 PM	D032	INDIGENT FLAG SET TO: N (AV02)	PAS
3/5/2018	4:00 PM	D032	D032 E-ORDER FLAG SET TO "N" (AV02)	PAS
3/5/2018	4:00 PM	D032	LISTED AS ATTORNEY FOR D032: PRO SE (AV02)	PAS
3/7/2018	8:56 AM	D010	D010 NAME CHANGED FROM: STEPSTONE PRIVATE EQUITY P	SUR
3/7/2018	8:56 AM	D010	D010 ADDR1 CHANGED FROM: CORPORATION TRUST COMPANY	SUR
3/7/2018	8:56 AM	D010	D010 ADDR2 CHANGED FROM: 1209 ORANGE STREET (AV02)	SUR
3/7/2018	8:56 AM	D010	D010 ADDR CITY CHANGED FROM: WILMINGTON (AV02)	SUR
3/7/2018	8:56 AM	D010	D010 ADDR STATE CHANGED FROM: DE (AV02)	SUR
3/8/2018	1:27 PM	GNOT	GENERAL NOTICE SENT TO: D024	SUR
3/12/2018	10:15 AM	ESCAN	SCAN - FILED 3/12/2018 - NOTICE	SUR
3/12/2018	1:18 PM	D001	CERTIFIED MAIL ISSUED: 03/12/2018 TO D001 (AV02)	SUR
3/12/2018	1:18 PM	D002	CERTIFIED MAIL ISSUED: 03/12/2018 TO D002 (AV02)	SUR

3/12/2018	1:18 PM	D003	CERTIFIED MAI ISSUED: 03/12/2018 TO D003 (AV02)	SUR
3/12/2018	1:18 PM	D004	CERTIFIED MAI ISSUED: 03/12/2018 TO D004 (AV02)	SUR
3/12/2018	1:18 PM	D005	CERTIFIED MAI ISSUED: 03/12/2018 TO D005 (AV02)	SUR
3/12/2018	1:19 PM	D006	CERTIFIED MAI ISSUED: 03/12/2018 TO D006 (AV02)	SUR
3/12/2018	1:19 PM	D007	CERTIFIED MAI ISSUED: 03/12/2018 TO D007 (AV02)	SUR
3/12/2018	1:19 PM	D008	CERTIFIED MAI ISSUED: 03/12/2018 TO D008 (AV02)	SUR
3/12/2018	1:19 PM	D009	CERTIFIED MAI ISSUED: 03/12/2018 TO D009 (AV02)	SUR
3/12/2018	1:19 PM	D010	CERTIFIED MAI ISSUED: 03/12/2018 TO D010 (AV02)	SUR
3/12/2018	1:19 PM	D011	CERTIFIED MAI ISSUED: 03/12/2018 TO D011 (AV02)	SUR
3/12/2018	1:19 PM	D012	CERTIFIED MAI ISSUED: 03/12/2018 TO D012 (AV02)	SUR
3/12/2018	1:19 PM	D013	CERTIFIED MAI ISSUED: 03/12/2018 TO D013 (AV02)	SUR
3/12/2018	1:19 PM	D014	CERTIFIED MAI ISSUED: 03/12/2018 TO D014 (AV02)	SUR
3/12/2018	1:19 PM	D015	CERTIFIED MAI ISSUED: 03/12/2018 TO D015 (AV02)	SUR
3/12/2018	1:20 PM	D016	CERTIFIED MAI ISSUED: 03/12/2018 TO D016 (AV02)	SUR
3/12/2018	1:20 PM	D017	CERTIFIED MAI ISSUED: 03/12/2018 TO D017 (AV02)	SUR
3/12/2018	1:20 PM	D018	CERTIFIED MAI ISSUED: 03/12/2018 TO D018 (AV02)	SUR
3/12/2018	1:20 PM	D019	CERTIFIED MAI ISSUED: 03/12/2018 TO D019 (AV02)	SUR
3/12/2018	1:20 PM	D020	CERTIFIED MAI ISSUED: 03/12/2018 TO D020 (AV02)	SUR
3/12/2018	1:20 PM	D021	CERTIFIED MAI ISSUED: 03/12/2018 TO D021 (AV02)	SUR
3/12/2018	1:20 PM	D022	CERTIFIED MAI ISSUED: 03/12/2018 TO D022 (AV02)	SUR
3/12/2018	1:20 PM	D023	CERTIFIED MAI ISSUED: 03/12/2018 TO D023 (AV02)	SUR
3/13/2018	11:14 AM	D024	CERTIFIED MAI ISSUED: 03/13/2018 TO D024 (AV02)	SUR
3/13/2018	11:15 AM	D025	CERTIFIED MAI ISSUED: 03/13/2018 TO D025 (AV02)	SUR
3/13/2018	11:15 AM	D026	CERTIFIED MAI ISSUED: 03/13/2018 TO D026 (AV02)	SUR
3/13/2018	11:15 AM	D027	CERTIFIED MAI ISSUED: 03/13/2018 TO D027 (AV02)	SUR
3/13/2018	11:16 AM	D028	CERTIFIED MAI ISSUED: 03/13/2018 TO D028 (AV02)	SUR
3/13/2018	11:16 AM	D029	CERTIFIED MAI ISSUED: 03/13/2018 TO D029 (AV02)	SUR
3/13/2018	11:16 AM	D030	CERTIFIED MAI ISSUED: 03/13/2018 TO D030 (AV02)	SUR
3/13/2018	11:16 AM	D031	CERTIFIED MAI ISSUED: 03/13/2018 TO D031 (AV02)	SUR
3/13/2018	11:16 AM	D032	CERTIFIED MAI ISSUED: 03/13/2018 TO D032 (AV02)	SUR
3/20/2018	9:30 AM	D022	SERVICE OF AUTHORIZED ON 03/19/2018 FOR D022(AV02)	MAM
3/20/2018	9:30 AM	ESERC	SERVICE RETURN	MAM
3/20/2018	9:51 AM	D002	SERVICE OF AUTHORIZED ON 03/19/2018 FOR D002(AV02)	MAM
3/20/2018	9:51 AM	ESERC	SERVICE RETURN	MAM
3/20/2018	9:53 AM	D001	SERVICE OF AUTHORIZED ON 03/19/2018 FOR D001(AV02)	MAM
3/20/2018	9:53 AM	ESERC	SERVICE RETURN	MAM
3/20/2018	9:55 AM	D014	SERVICE OF AUTHORIZED ON 03/15/2018 FOR D014(AV02)	MAM
3/20/2018	9:55 AM	ESERC	SERVICE RETURN	MAM
3/20/2018	9:56 AM	D016	SERVICE OF AUTHORIZED ON 03/15/2018 FOR D016(AV02)	MAM
3/20/2018	9:56 AM	ESERC	SERVICE RETURN	MAM
3/20/2018	10:42 AM	D020	SERVICE OF CERTIFIED MAI ON 03/19/2018 FOR D020	MAM
3/20/2018	10:42 AM	ESERC	SERVICE RETURN	MAM
3/20/2018	10:49 AM	D021	SERVICE OF CERTIFIED MAI ON 03/15/2018 FOR D021	MAM
3/20/2018	10:49 AM	ESERC	SERVICE RETURN	MAM
3/23/2018	9:24 AM	D008	SERVICE OF AUTHORIZED ON 03/16/2018 FOR D008(AV02)	MAM
3/23/2018	9:24 AM	ESERC	SERVICE RETURN	MAM
3/27/2018	10:54 AM	D023	SERVICE OF AUTHORIZED ON 03/22/2018 FOR D023(AV02)	MAM
3/27/2018	10:54 AM	ESERC	SERVICE RETURN	MAM
3/27/2018	11:07 AM	D015	SERVICE OF CERTIFIED MAI ON 03/22/2018 FOR D015	MAM
3/27/2018	11:07 AM	ESERC	SERVICE RETURN	MAM
3/28/2018	9:14 AM	D006	SERVICE OF AUTHORIZED ON 03/19/2018 FOR D006(AV02)	MAM
3/28/2018	9:14 AM	ESERC	SERVICE RETURN	MAM
3/28/2018	9:15 AM	D004	SERVICE OF AUTHORIZED ON 03/19/2018 FOR D004(AV02)	MAM

3/28/2018	9:16 AM	ESERC	SERVICE RETURN	MAM
3/28/2018	9:18 AM	D003	SERVICE OF AUTHORIZED ON 03/19/2018 FOR D003(AV02)	MAM
3/28/2018	9:18 AM	ESERC	SERVICE RETURN	MAM
3/28/2018	9:19 AM	D009	SERVICE OF AUTHORIZED ON 03/19/2018 FOR D009(AV02)	MAM
3/28/2018	9:19 AM	ESERC	SERVICE RETURN	MAM



END OF THE REPORT

DOCUMENT 1



ELECTRONICALLY FILED
3/3/2018 12:10 PM
01-CV-2018-900889.00
CIRCUIT COURT OF
JEFFERSON COUNTY, ALABAMA
ANNE-MARIE ADAMS, CLERK

State of Alabama Unified Judicial System Form AR Civ-93 Rev.5/99	COVER SHEET CIRCUIT COURT - CIVIL CASE (Not For Domestic Relations Cases)	Ca: 01 Date of Filing: 03/03/2018 Judge Code:
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GENERAL INFORMATION

IN THE CIRCUIT COURT OF JEFFERSON COUNTY, ALABAMA
 THOMAS E. REYNOLDS TRUSTEE v. BEHRMAN CAPITAL IV L.P. ET AL

First Plaintiff: ☐ Business ☒ Individual ☐ Government ☐ Other
 First Defendant: ☒ Business ☐ Individual ☐ Government ☐ Other

NATURE OF SUIT: Select primary cause of action, by checking box (check only one) that best characterizes your action:

TORTS: PERSONAL INJURY

- ☐ WDEA - Wrongful Death
☐ TONG - Negligence: General
☐ TOMV - Negligence: Motor Vehicle
☐ TOWA - Wantonness
☐ TOPL - Product Liability/AEMLD
☐ TOMM - Malpractice-Medical
☐ TOLM - Malpractice-Legal
☐ TOOM - Malpractice-Other
☒ TBFM - Fraud/Bad Faith/Misrepresentation
☐ TOXX - Other: _____

TORTS: PERSONAL INJURY

- ☐ TOPE - Personal Property
☐ TORE - Real Property

OTHER CIVIL FILINGS

- ☐ ABAN - Abandoned Automobile
☐ ACCT - Account & Nonmortgage
☐ APAA - Administrative Agency Appeal
☐ ADPA - Administrative Procedure Act
☐ ANPS - Adults in Need of Protective Service

OTHER CIVIL FILINGS (cont'd)

- ☐ MSXX - Birth/Death Certificate Modification/Bond Forfeiture Appeal/Enforcement of Agency Subpoena/Petition to Preserve
☐ CVRT - Civil Rights
☐ COND - Condemnation/Eminent Domain/Right-of-Way
☐ CTMP - Contempt of Court
☐ CONT - Contract/Ejectment/Writ of Seizure
☐ TOCN - Conversion
☐ EQND - Equity Non-Damages Actions/Declaratory Judgment/Injunction Election Contest/Quiet Title/Sale For Division
☐ CVUD - Eviction Appeal/Unlawful Detainer
☐ FORJ - Foreign Judgment
☐ FORF - Fruits of Crime Forfeiture
☐ MSHC - Habeas Corpus/Extraordinary Writ/Mandamus/Prohibition
☐ PFAB - Protection From Abuse
☐ FELA - Railroad/Seaman (FELA)
☐ RPRO - Real Property
☐ WTEG - Will/Trust/Estate/Guardianship/Conservatorship
☐ COMP - Workers' Compensation
☐ CVXX - Miscellaneous Circuit Civil Case

ORIGIN: F ☒ INITIAL FILING

R ☐ REMANDED

A ☐ APPEAL FROM DISTRICT COURT

T ☐ TRANSFERRED FROM OTHER CIRCUIT COURT

O ☐ OTHER

HAS JURY TRIAL BEEN DEMANDED? ☒ YES ☐ NO

Note: Checking "Yes" does not constitute a demand for a jury trial. (See Rules 38 and 39, Ala.R.Civ.P., for procedure)

RELIEF REQUESTED: ☒ MONETARY AWARD REQUESTED ☐ NO MONETARY AWARD REQUESTED

ATTORNEY CODE:

BEN062

3/3/2018 12:10:24 PM

Date

/s/ BILL DELONEY BENSINGER

Signature of Attorney/Party filing this form

MEDIATION REQUESTED: ☐ YES ☒ NO ☐ UNDECIDED

DOCUMENT 2



ELECTRONICALLY FILED
3/3/2018 12:10 PM
01-CV-2018-900889.00
CIRCUIT COURT OF
JEFFERSON COUNTY, ALABAMA
ANNE-MARIE ADAMS, CLERK

IN THE CIRCUIT COURT OF JEFFERSON COUNTY, ALABAMA

THOMAS E. REYNOLDS, as Trustee,

Plaintiff,

v.

**BEHRMAN CAPITAL IV L.P., AXA
PRIMARY FUND AMERICA IV, LP, AXA
PRIVATE CAPITAL I, LP, CORE
AMERICAS/GLOBAL HOLDINGS, LP,
GLOBAL FUND PARTNERS II, LP,
METLIFE INSURANCE COMPANY OF
CONNECTICUT, PARTNERS GROUP
DIRECT INVESTMENTS 2006, LP,
PARTNERS GROUP DIRECT
INVESTMENTS 2006, LP, PARTNERS
GROUP GLOBAL OPPORTUNITIES
SUBHOLDING LIMITED, PE HOLDING
USD GMBH, PORTFOLIO ADVISORS
SECONDARY FUND, LP, STEPSTONE
PRIVATE EQUITY PARTNERS III
CAYMAN HOLDINGS, LP, STEPSTONE
PRIVATE EQUITY PARTNERS III, LP;
THE GOVERNOR AND COMPANY OF
THE BANK OF ICELAND, VARMA
MUTUAL PENSION INSURANCE
COMPANY, ASF III BLUE NOTE
LIMITED, BEHRMAN BROTHERS IV
L.L.C., AMANDA ZEITLIN, GREG M
BEHRMAN, GREGORY J. CHIATE, GARY
DIEBER, DOUGLAS E. BEHRMAN TRUST,
MARK V. GRIMES, KIMBERLY B.
BEHRMAN TRUST, SIMON LONERGAN,
WILLIAM M. MATTHES, MICHAEL
RAPPAPORT, PRADYUT SHAH, JEFFREY
S. WU, MIDCAP FINANCIAL SBIC, LP, ,
BEHRMAN BROTHERS MANAGEMENT
CORPORATION MINTZ, LEVIN, COHN,
FERRIS, GLOVSKY and POPEO, P.C., and
FICTITIOUS PARTIES A-C.**

Defendants.

Case No. _____

COMPLAINT

COMES NOW Thomas E. Reynolds (the “Trustee”), in his capacity as Chapter 7 Trustee of the estates of Atherotech Holdings, Inc. (“Holdings”) and Atherotech, Inc. (“Atherotech” and together with Holdings, collectively, the “Debtors”) and for his complaint against the defendants states as follows:

Jurisdiction and Venue

1. This Court has jurisdiction over the subject matter of this action pursuant to Alabama Code §12-11-30(1). A substantial portion of the acts and omissions complained about in this action occurred as the Debtors were in Jefferson County, Alabama.
2. Venue is proper in this Court pursuant to Alabama Code §6-3-7(a)(2).
3. The Trustee’s claims as alleged and asserted herein are timely under the applicable statute of limitations as extended pursuant to 11 U.S.C. § 108(a)(2).

Parties

A. The Debtors and Trustee

4. Holdings is a corporation organized and existing under the laws of the State of Delaware with its former headquarters and principal place of business in Jefferson County, Alabama.

5. Atherotech is a corporation organized and existing under the laws of the State of Delaware with its former headquarters and principal place of business in Jefferson County, Alabama.

6. The Trustee is the duly-appointed Chapter 7 trustee of the Debtors’ bankruptcy estates.

B. The Holdings Shareholders

7. Behrman Capital IV L.P. ("Fund IV") is a limited partnership organized and existing under the laws of the State of Delaware, and can be served with process through its registered agent, Corporation Service Company, 251 Little Falls Drive, Wilmington, Delaware 19808.

8. Behrman Brothers IV L.L.C. ("Behrman Brothers") is a limited liability company organized and existing under the laws of the State of Delaware, and can be served with process through its registered agent, Corporation Service Company, 251 Little Falls Drive, Wilmington, Delaware 19808.

9. MidCap Financial Investment, LP (f/k/a MidCap Financial SBIC, LP) ("MidCap"), is a limited partnership organized and existing under the laws of the State of Delaware, and may be served with process through its registered agent Corporation Trust Company, Corporation Trust Center, 1209 Orange Street, Wilmington, Delaware 19801.

10. Fictitious Parties A-C are those Holdings Shareholders, either directly or through another entity that is a shareholder, who has not otherwise been released from liability and who received a portion of the Divided Recap, as defined below.

C. The Fund IV Limited Partners

11. AXA Primary Fund America IV, LP ("AXA PF") is a limited partnership organized and existing under the laws of the United Kingdom, and may be served pursuant to the Hague Convention on its registered agent at 50 Lothian Road, Festival Square, Edinburgh EH3 9WJ.

12. AXA Private Capital I, LP ("AXA PC") is a limited partnership organized and existing under the laws of the United Kingdom, and may be served pursuant to the Hague Convention on its registered agent at 50 Lothian Road, Festival Square, Edinburgh EH3 9WJ.

13. Core Americas/Global Holdings, LP (“Core Americas”) is a limited partnership organized and existing under the laws of the State of Delaware, and can be served with process through its registered agent, Corporation Trust Company, Corporation Trust Center, 1209 Orange Street, Wilmington, Delaware 19801.

14. CS Strategic Partners IV Investments, LP (“CSSP”) is a limited partnership organized and existing under the laws of the state of New York, and can be served with process at its principal place of business at 11 Madison Avenue, 16th Floor, New York NY 10010.

15. Global Fund Partners II, LP (“Global Fund”) is a limited partnership organized and existing under the laws of the State of Delaware, and can be served with process through its registered agent, Corporation Trust Company, Corporation Trust Center, 1209 Orange Street, Wilmington, Delaware 19801.

16. MetLife Insurance Company of Connecticut (“Metlife”) is a corporation organized and existing under the laws of the State of Connecticut, and can be served with process at its principal place of business at One City Place, 18th Floor, Hartford, Connecticut 06103.

17. Partners Group Direct Investments 2006, LP, (“PGDI”) is a limited partnership organized and existing under the laws of the United Kingdom, and may be served pursuant to the Hague Convention on its registered agent at Tudor House, 2nd Floor, Le Bordage, St. Peter Port, Guernsey GY1 1BT.

18. Partners Group Global Opportunities Subholding Limited (“PGGOS”), is a limited partnership organized and existing under the laws of the United Kingdom, and may be served pursuant to the Hague Convention on its registered agent at Tudor House, 2nd Floor, Le Bordage, St. Peter Port, Guernsey GY1 1BT.

19. PE Holding USD Gmbh (“PE Holding”) is an entity organized and existing under the laws of Germany, and may be served pursuant to the Hague Convention on its registered agent at Sitz der Gesellschaft, Arnoldiplatz 1, 50969 Köln, Amtsgericht Köln, HRB 62211.

20. Portfolio Advisors Secondary Fund, L.P. (“Portfolio Advisors”) is a limited partnership organized and existing under the laws of the State of Delaware, and can be served with process through its registered agent, Cogency Global, Inc., 850 New Burton Road, Suite 201, Dover, Delaware 19904.

21. StepStone Private Equity Partners III Cayman Holdings, LP (“StepStone Cayman”) is a limited partnership organized and existing under the laws of the Cayman Islands, and may be served pursuant to the Hague Convention on its registered agent Maples Corporate Services Limited, PO Box 309, Ugland House, South Church Street, Cayman Islands.

22. Stepstone Private Equity Partners III L.P. (“StepStone”) is a limited partnership organized and existing under the laws of the State of Delaware, and can be served with process through its registered agent, Corporation Trust Company, Corporation Trust Center 1209 Orange Street, Wilmington, Delaware 19801.

23. The Governor and Company of the Bank of Ireland (“Ireland”) is a company organized and existing under the laws of Ireland, and can be served pursuant to the Hague Convention at its principal place of business located at 40 Mespil Road, Dublin, Ireland.

24. Varma Mutual Pension Insurance Company (“Varma”) is a company organized and existing under the laws of Finland, and can be served pursuant to the Hague Convention at its principal place of business located at Annankatu 18, P.O. Box 4, Helsinki, Finland.

25. ASF III Bluenote Limited (“ASF”) is a company organized and existing under the laws of England, and can be served pursuant to the Hague Convention on its registered agent

Axtec Financial Services (Jersey) Limited, at 11 - 15, Seaton Place, St Helier JE4 0QH, United Kingdom.

D. The Behrman Brothers Members

26. Amanda Zeitlin (“Zeitlin”) is a citizen and resident of the State of Connecticut and can be served with process at 11 Darbrook Road, Westport, Connecticut 06880.

27. Greg M. Behrman (“GM Behrman”) is a citizen and resident of the State of Connecticut and can be served with process at 2717 North Street, Fairfield, Connecticut 06824.

28. Gregory J. Chiate (“Chiate”) is a citizen and resident of the State of California and can be served with process at 18 Cibrian Drive, Tiburon, California 94920.

29. Gary Dieber (“Dieber”) is a citizen and resident of the State of New York and can be served with process at 10 Hawthorne Avenue, Port Washington, New York 11050.

30. The Douglas E. Behrman Trust (“DEB Trust”) is a trust organized and existing under the laws of the State of Connecticut, and can be served upon its trustee at 23 Farwell Lane, Greenwich, Connecticut 06831.

31. Mark V. Grimes (“Grimes”) is a citizen and resident of the State of Maryland and can be served with process at 5 Thompson Street, Annapolis, Maryland 21401.

32. The Kimberly E. Behrman Trust (“KEB Trust”) is a trust organized and existing under the laws of the State of Connecticut, and can be served upon its trustee at 23 Farwell Lane, Greenwich, Connecticut 06831.

33. Simon Lonergan (“Lonergan”) is a citizen and resident of the State of New York and can be served with process at 18 Gramercy Park South, Unit 6, New York, New York 10003.

34. William Matthes (“Matthes”) is a citizen and resident of the State of California and can be served with process at 1665 Inglewood Avenue, St. Helena, California 94574.

35. Michael Rapport (“Rapport”) is a citizen and resident of the State of New York, and can be served with process at 29 Bonnett Avenue, Larchmont, New York 10538.

36. Pradyut Shah (“Shah”) is a citizen and resident of the State of California, and can be served with process at 1333 Diamond Street, San Francisco, California 94131.

37. Jeffrey S. Wu (“Wu”) is a citizen and resident of the State of New York, and can be served with process at 210 East 15th Street, Apt. 10JK, New York, New York 10003.

E. Behrman Management

38. Behrman Brothers Management Corporation (“Behrman Management”) is organized and existing under the laws of the State of Delaware, and can be served with process on its registered agent Corporation Service Company, 251 Little Falls Drive, Wilmington, Delaware 19808. At all times relevant, Behrman Management performed services for the Debtors in Alabama.

F. Atherotech's Legal Counsel

39. Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C., (“Mintz Levin”) a corporation organized and existing under the laws of the Commonwealth of Massachusetts and can be served on its registered agent for service, Corporate Service Company, at 84 State Street, Boston, Massachusetts 02109. At all times relevant, Mintz Levin was providing legal services to Atherotech in Alabama.

Facts

G. The Debtor’s Bankruptcy

40. On March 4, 2016 (the “Petition Date”), Atherotech commenced case number 16-00909-TOM7, and Holdings commenced case number 16-00910-TOM7 (collectively, the

“Bankruptcy Cases”) by filing voluntary Chapter 7 petitions in the United States Bankruptcy Court for the Northern District of Alabama (the “Bankruptcy Court”).

41. The Bankruptcy Court appointed the Trustee as the Chapter 7 trustee for each of the Bankruptcy Cases.

42. The Trustee is vested with the authority to bring this action on behalf of the Debtors’ estates.

43. The Lenders (as defined herein) have claims against the Debtor’s estate.

H. The Debtors’ Ownership

44. Prior to the Petition Date, Holdings was the sole shareholder of Atherotech’s stock.

45. Prior to the Petition Date, the following Defendants were shareholder of Holdings’ stock (collectively, the “Holdings Shareholders”):

- a. Fund IV;
- b. Behrman Brothers;
- c. MidCap.

46. The following Defendants are partners in Fund IV (collectively, the “Fund IV Partners”):

- a. AXA PF;
- b. AXA PC;
- c. Core Americas;
- d. CSSP;
- e. Global Fund;
- f. MetLife;

DOCUMENT 2

- g. PGDI;
- h. PGGOS;
- i. PE Holding;
- j. Portfolio Advisors;
- k. StepStone Cayman;
- l. StepStone;
- m. Ireland;
- n. Varma;
- o. ASF;
- p. Behrman Brothers.

47. Behrman Brothers is the general partner for Fund IV, and all other Fund IV Partners are limited partners of Fund IV (the “Limited Partners”).

48. The Defendants that were members of Behrman Brothers are as follows (the “Behrman Brothers Members”):

- a. Zeitlin;
- b. GM Behrman;
- c. Chiate;
- d. Dieber;
- e. DEB Trust;
- f. Grimes;
- g. KEB Trust;
- h. Lonergan;
- i. Matthes;

DOCUMENT 2

- j. Rapport;
- k. Shah;
- l. Wu.

I. The Debtors' Management Structure

49. As the largest Holdings Shareholder, Fund IV controlled three of the five seats on the Holdings Board of Directors (the "Holdings Board").

50. Grant G. Behrman was the chairman of the Holdings Board from December 23, 2010, until his resignation from the Holdings Board on February 26, 2016.

51. Michael Cobble, MD was Chief Medical Officer of Atherotech from December 23, 2010, until March 4, 2016 (the "Petition Date").

52. Robert Flaherty was a member of the Holdings Board from December 23, 2010, until his resignation from the Holdings Board on February 26, 2016.

53. Les Hric was Chief Compliance Officer of Atherotech from December 23, 2010, until the Petition Date.

54. James McClintic was (a) a member of the Holdings Board from December 23, 2010, until the Petition Date, and (b) the President, Chief Executive Officer, and Secretary of Atherotech from December 12, 2014, until the Petition Date.

55. Michael Mullen was (a) the sole member of the Atherotech Board from December 23, 2010, until his resignation from the Atherotech Board on December 12, 2014, and (b) the President, Chief Executive Officer, and Secretary of Atherotech, from December 23, 2010, until his resignation from Atherotech on December 12, 2014.

56. Charles Musial was the Chief Financial Officer of Atherotech from August 5, 2011, until the Petition Date.

DOCUMENT 2

57. Thomas Perlmutter was a member of the Holdings Board from December 23, 2010, until his resignation on December 12, 2014.

58. Scott Rezek was the Chief Commercial Officer of Atherotech from December 23, 2010, until his resignation on November 12, 2014.

59. Robert Shufflebarger was the Chief Operating Officer of Atherotech from December 23, 2010, until the Petition Date.

60. Peter Smith was a member of the Holdings Board from April 5, 2013, until his resignation from the Holdings Board on February 26, 2016.

61. Rod Van Wagoner was the Vice President of Sales for Atherotech from December 23, 2010, until the Petition Date.

62. Mark Visser was a member of the Holdings Board from December 23, 2010, until his resignation from the Holdings Board on February 26, 2016.

63. Behrman, Flaherty, McClintic, Mullen, Perlmutter, Smith, and Visser are collectively, the “Directors”.

64. Cobble, Hric, Mullen, Musial, Rezek, Shufflebarger, and Van Wagoner are collectively, the “Officers”.

J. The Behrman Management Contract

65. On December 23, 2010, Atherotech and Behrman Management entered into a contract whereby Behrman Management agreed to provide financial and operational advice to Atherotech. Independent of the contract, Behrman Management assumed responsibilities, as part of its acquisition of Holdings, to provide oversight and management services, which included financial and operational advice, to the Debtors.

66. These services included, but were not limited to, providing advice on growth and operational strategies for Atherotech and advising Atherotech on the appropriate levels of debt and equity which Atherotech should maintain. As part of the business strategic advice given to Atherotech, Behrman Brothers were required to take into consideration compliance with federal and state laws.

K. Atherotech's Operations and Business Model

67. Prior to commencing its Bankruptcy Case, Atherotech operated a specialty laboratory that tested blood cholesterol levels using licensed technology known as the "VAP Test."

68. When a physician would order a VAP Test for a patient, there were multiple means of collecting the sample from the patient and sending the collected sample to Atherotech for testing.

69. One of the means of sending the collected sample to Atherotech was through Atherotech's payment of processing and handling fees ("P&H Fees") to the physician ordering the VAP Test.

70. Generally in such an instance, Atherotech would compensate the physician \$3.00 for the venipuncture – the collection of the sample – and a P&H Fee of \$7.00 for the physician appropriately packaging the collected sample, and shipping the collected sample to the Debtor.

71. While Medicare rules and regulations permit the payment of the venipuncture fee, Medicare rules and regulations have long prohibited the payment of P&H Fees.

72. Sometimes Atherotech would pay a P&H fee greater than \$7.00.

73. When Atherotech received the blood sample from physicians, it would test the blood sample and provide the ordering physician with a report concerning the patient's blood cholesterol.

74. For patients covered by Medicare or other federal healthcare programs, Atherotech would file a claim against Medicare or the other federal healthcare program and receive reimbursement from the government for such claims.

75. On average, Atherotech would receive revenue of approximately \$140 to \$150 per collected sample.

76. Starting in 2011, Behrman Management advised Atherotech to engage in a growth strategy that was based on increasing Atherotech's direct sales to physicians.

77. Behrman Management devised this plan with the knowledge that increasing market share would require the payment of P&H Fees to physicians on a per specimen basis.

L. The DOJ Investigation

78. On or before September 7, 2012, the Department of Justice (the "DOJ") began an investigation regarding Atherotech's business activities.

79. Specifically, the DOJ was investigating (a) whether Atherotech's payments to physicians were kickbacks to induce physicians to order the VAP Test from Atherotech in violation of the Federal Anti-Kickback Statute (42 U.S.C. § 1320a-7b), and (b) whether Atherotech had submitted false claims against Medicare or other federal healthcare programs for medically unnecessary tests in violation of the False Claims Act (31 U.S.C. §§3729-3730).

80. Violations of the False Claims Act include treble damages, that is three times the amount of the false or fraudulent claim; and a penalty of not less than \$5,500 and not more than \$11,000 for each claim.

81. Despite receiving the notice of the DOJ investigation, Behrman Management advised Atherotech to continue its efforts to increase direct sales to physicians and to continue the practice of paying physicians P&H fees. Behrman Management continued giving this advice to Atherotech until June 2014.

82. From January 2011 through June 2013, Medicare reimbursed Atherotech approximately \$44,539,000 for tests that Atherotech had run.

83. Approximately 80% of these tests were associated with Atherotech's payment of P&H Fees to the ordering physician.

84. Thus there was an approximate \$35,691,000 contingent liability associated with the repayment of these Medicare reimbursements as of June 2013 under the False Claims Act.

85. This amounts to approximately \$107,073,000 in contingent liabilities as of June 2013, if taking into account treble damages under the False Claims Act.

M. The Dividend Recapitalization

86. In June 2013, while the DOJ investigation was ongoing, Atherotech determined that it would execute a dividend recapitalization (the "Dividend Recap").

87. The purposes of the Dividend Recap were to, among other things (a) pay the Dividend in the amount of \$31,559,342.45 to Holdings Shareholders and ultimately, in part, to the Fund IV Partners and the Berman Brothers Members (the "Dividend"), (b) pay off existing term debt of \$8,180,250.26, and (c) make a payment due to the prior Atherotech owners in the amount of \$2,000,000.

88. On June 28, 2013, Atherotech executed that certain Credit Agreement (the "Credit Agreement") by and between Atherotech as borrower, and Madison Capital Funding, LLC as agent for the lenders (the "Lenders").

DOCUMENT 2

89. Pursuant to the Credit Agreement, the Lenders agreed to make a term loan to Atherotech in the original principal amount of \$40.5 million.

90. As security for Atherotech's obligations under the Credit Agreement, Atherotech granted the Lenders a security interest and lien on essentially all of Atherotech's assets.

91. In an effort to support the transaction whereby Atherotech would incur \$40 million of new liabilities and distribute \$33 million, Atherotech obtained a solvency opinion (the "Solvency Opinion") from Houlihan Lokey, Inc. ("HL").

92. The Solvency Opinion did not include any information concerning the potential liabilities associated with payment of P&H fees, nor Atherotech's practice of P&H fees. Nor did it include any contingent liabilities in the calculation of Atherotech's equity value.

93. HL relied on Atherotech's representations that Atherotech had no contingent liabilities.

94. Also, Atherotech provided HL with certain financial data and projections.

95. Atherotech's projections, however, did not include any changes to its business processes that might result from the inability to pay P&H Fees.

96. Pursuant to the Solvency Opinion, HL opined that Atherotech's value was predicated in large part on the "Company's strong patents and trade secrets" providing "protection from competitive threats."

97. Atherotech paid the Dividend on June 28, 2013, principally from funds borrowed under the Credit Agreement.

98. The largest Holdings Shareholder – Fund IV, which owned 94% of the stock in Holdings and controlled three of the five seats on Holdings' board of directors – received its portion of the Dividend in the amount of \$31,433,596.05 (the "Fund Dividend").

DOCUMENT 2

99. The remaining Holdings Shareholders received their portions of the Dividend as follows:

- a. Behrman Brothers received \$87,374.00;
- b. MidCap received \$351,890.70;

100. None of the Holdings Shareholders provided the Debtors with any consideration for the portion of the Dividend that they received.

101. Pursuant to Fund IV's governing documents, in certain circumstances whenever Fund IV receives a distribution on one of its investments it must distribute the entirety of those funds within ten days of receipt.

102. On July 3, 2013, Fund IV distributed the entirety of the Fund Dividend to its Limited Partners and general partner – Behrman Brothers – as follows:

- a. AXA PF received \$6,173,075;
- b. AXA PC received \$864,230;
- c. Core Americas received \$1,024,730;
- d. CSSP received \$123,461;
- e. Global Fund received \$1,543,269;
- f. MetLife received \$3,086,538;
- g. PGDI received \$925,961;
- h. PGGOS received \$925,961;
- i. PE Holding received \$3,703,847;
- j. Portfolio Advisors received \$617,308;
- k. StepStone Cayman received \$795,512;

DOCUMENT 2

- l. StepStone received \$648,988;
- m. Ireland received \$1,851,923;
- n. Varma received \$6,173,075;
- o. ASF received \$1,604,999;
- p. Behrman Brothers received \$1,370,719.

103. The Limited Partners received their portions of the Fund Dividend, totaling \$30,062,877.

104. Behrman Brothers received its portion of the Fund Dividend totaling \$1,370,719 (the "Behrman Brothers Fund IV Dividend"), and distributed it, in part, to the Behrman Brothers Members as follows:

- a. Zeitlin received \$3,332;
- b. GM Behrman received \$3,332;
- c. Chiate received \$21,308;
- d. Dieber received \$76,448;
- e. DEB Trust received \$129,960;
- f. Grimes received \$5,504;
- g. KEB Trust received \$129,960;
- h. Lonergan received \$243,206;
- i. Matthes received \$312,760;
- j. Rapport received \$31,396;
- k. Shah received \$23,546;
- l. Wu received \$76,448.

DOCUMENT 2

105. Immediately after the Dividend Recap, at the end of June 2013, Atherotech had total assets with a book value of \$45,244,096, and total liabilities with a book value of \$51,045,820.

106. At the end of June 2013, 45% of Atherotech's assets were intangible (i.e., goodwill, customer relationships, licenses, and patents).

107. The Debtors paid the Dividend when it was aware that it was under investigation by the DOJ and had unrecorded contingent liabilities of \$107,073,000 for its violations of the False Claims Act.

108. At the time of the Dividend Recap, Atherotech – having assets of only \$45,244,096 – could not pay its liabilities, including the unrecorded contingent liabilities of \$107,073,000 for violations of the False Claims Act, as they became due.

N. The OIG Fraud Alert

109. The business plan developed by Behrman Management proved detrimental to Atherotech.

110. On June 25, 2014, the U.S. Department of Health and Human Services, Office of Inspector General (“HHS”) issued that certain *Special Fraud Alert: Laboratory Payments to Referring Physicians* (the “Fraud Alert”).

111. Pursuant to the Fraud Alert, the HHS confirmed its long-standing position: that P&H Fees paid to physicians were viewed as an incentive or inducement and violated the Anti-Kickback Statute. And such payments were illegal and violated Federal Anti-Kickback Statute and the Civil False Claims Act.

O. Mintz Levin's Representation

112. Commencing in January 2011, Mintz Levin undertook to represent Atherotech under a general engagement letter.

113. Mintz Levin's engagement letter provided that Mintz Levin would, "provide such legal and regulatory advice as [the Debtor] may request."

114. Soon after Atherotech retained Mintz Levin, Atherotech requested legal and regulatory advice from Mintz Levin concerning, among other things, Atherotech's compliance with healthcare statutes and regulations.

115. Specifically, Atherotech retained Mintz Levin to advise Atherotech as to the legality and permissibility of making P&H Fee payments to physicians.

116. Mintz Levin also advised Atherotech concerning how to address practices of several of Atherotech's competitors who were making larger P&H Fee payments than Atherotech.

117. In this regard, Mintz Levin advised Atherotech to report its competitor's practices to the U.S. Department of Justice (the "DOJ").

118. Atherotech took Mintz Levin's advice, but expressed concern to Mintz Levin that reporting the competitor's conduct to the DOJ could result in the DOJ investigating Atherotech for Atherotech's practices of paying P&H fees to physicians.

119. For example, early in Mintz Levin's engagement, in April 2011, Robert Flaherty – a member of Atherotech's Board of Directors – emailed Hope Foster at Mintz Levin stating, "We would like to hear from you the extent to which we ourselves may be at risk based on what Mike and others have described to you and for what you have further learned by appropriate questions you have posed to them to unearth what you need to know to make such judgments."

DOCUMENT 2

120. Similarly, Michael Mullen – Atherotech’s CEO – emailed Hope Foster at Mintz Levin stating that Atherotech would "need to have legal advice/opinion on the likelihood there is an action, and if so, if we are a part of that action, what does it mean potentially to us in terms of risk."

121. Despite Atherotech’s concerns, Mintz Levin advised and re-assured Atherotech they should report their competitors’ conduct to the DOJ regarding payment of P&H fees. Atherotech relied on Mintz Levin’s advice in going to the DOJ to report on its competitors.

122. On or before September 7, 2012, the Department of Justice (the “DOJ”) began an investigation regarding Atherotech’s claims submitted to Medicare.

123. Specifically, the DOJ was investigating (a) whether Atherotech’s payments to physicians were kickbacks to induce physicians to order the VAP test from Atherotech in violation of the Federal Anti-Kickback Statute (42 U.S.C. § 1320a-7b), and (b) whether Atherotech had submitted false claims against Medicare or other federal healthcare programs for medically unnecessary tests in violation of the False Claims act (31 U.S.C. §§3729-3730).

124. Violations of the False Claims Act include treble damages, that is three times the amount of the false or fraudulent claim; and a penalty of not less than \$5,500 and not more than \$11,000 for each claim.

125. Mintz Levin represented Atherotech with regard to the DOJ investigation.

126. Even during the DOJ investigation, with Mintz Levin’s knowledge, Atherotech continued to make P&H Fee payments to physicians.

127. Mintz Levin either knew or should have known that Atherotech’s practice of paying P&H Fees put Atherotech at risk of violating the False Claims Act.

DOCUMENT 2

128. At no time during Mintz Levin's representation of Atherotech did Mintz Levin ever advise Atherotech to stop making P&H Fee payments to physicians.

129. Despite failing to advise Atherotech to stop making P&H Fee payments to physicians after repeated expressions of concern from Atherotech, Mintz Levin invoiced and Atherotech paid for legal services totaling \$619,673.83 for Mintz Levin's representation of Atherotech.

130. Mintz Levin invoiced Atherotech for an additional \$1,748,337.26 related to representing and defending Atherotech during the DOJ investigation.

131. As of the Petition Date, Atherotech had contingent liabilities for violations of the False Claims Act in the amount of approximately \$107,073,000 for P&H Fees that Atherotech paid from the beginning of Mintz Levin's representation in January 2011, through the date of the Dividend Recap.

132. In Atherotech's bankruptcy case, the U.S. government, by and through two relators, has claims for more than \$26.4 million based on Atherotech's payment of P&H Fees.

133. Mintz Levin filed a claim in Atherotech's bankruptcy case for \$181,397.99 for unpaid fees and expenses.

P. Atherotech's Financial Collapse

134. By July 2014, just a little over a year after the Dividend Recap, Atherotech was no longer able to pay P&H Fees.

135. Consequently, Atherotech's revenues decreased significantly due to the removal of this incentive for doctors to promote Atherotech tests for their patients.

136. The HL Solvency Opinion did not account for this foreseeable event in any way.

DOCUMENT 2

137. By July 2015, Fund IV had to invest another \$3 million into Atherotech because of weaker sales in 2014.

138. In August of 2015, Fund IV invested an additional \$1.9 million into Atherotech to cure a default under the Credit Agreement.

139. In October 2015, Fund IV invested an additional \$2 million into Atherotech to provide Atherotech with liquidity to pay its bills as they became due.

140. By December 2015, the Fund wrote down the value of its investment in Atherotech to \$1 million.

141. The Trustee ultimately sold Atherotech's assets for \$19.6 million.

Count I

Intentionally Fraudulent Transfer (Bankruptcy Code § 544 and Ala. Code § 8-9A-4(a))

Against all Defendants except Mintz Levin and Behrman Management

142. The Trustee adopts and incorporates all the previous paragraphs in this Complaint as if fully stated herein.

143. Fund IV – by virtue of controlling three of the five seats on the Holdings Board - controlled the Debtors and were insiders of the Debtors.

144. Each of the Directors was an insider of the Debtors.

145. Each of the Officers was an insider of the Debtors.

146. Prior to the Debtors paying the Dividend, the DOJ was investigating Atherotech for violations of Federal Anti-Kickback Statutes and violations of the False Claims Act.

147. None of the Holdings Shareholders provided the Debtors with any consideration for the portion of the Dividend that they received.

148. Atherotech paid the Dividend on the same day that it incurred a substantial debt in the form of the \$40 million obligation to the Lenders.

149. On the day that Atherotech paid the Dividend, it had assets with a book value of \$45,244,096, and total liabilities with a book value of \$51,045,820.

150. Furthermore, Atherotech had unrecorded contingent liabilities for violations of the False Claims Act in the amount of approximately \$107,073,000.

151. Atherotech was insolvent on the day that it paid the Dividend.

152. The Debtors paid the Dividend with the actual intent to hinder, delay, or defraud its creditors.

Count II

Constructively Fraudulent Transfer (Bankruptcy Code § 544 and Ala. Code § 8-9A-4(c))

Against all Defendants except Mintz Levin and Behrman Management

153. The Trustee adopts and incorporates all the previous paragraphs in this Complaint as if fully stated herein.

154. None of the Holdings Shareholders provided the Debtors with any consideration for the portion of the Dividend that they received.

155. With each Medicare-covered blood sample that Atherotech received and tested from physicians that received P&H fees, it received revenue of \$140 to \$150 per sample, and incurred a liability under the False Claims act for \$5,500.

156. Given the Debtor's loss on each Medicare-covered blood sample that Atherotech tested from physicians that received P&H fees, the Debtors had unreasonably small capital at the time of the Dividend.

157. Furthermore, given the Debtor's loss on each Medicare-covered blood sample that Atherotech tested from physicians that received P&H fees, the Debtors incurred, or should have believed that they would incur, debts to the Lenders that were beyond the Debtors' ability to pay.

158. The Dividend was constructively fraudulent as to the Debtors' creditors.

DOCUMENT 2

Count III

Constructively Fraudulent Transfer (Bankruptcy Code § 544 and Ala. Code § 8-9A-(a))

Against all Defendants except Mintz Levin and Behrman Management

159. The Trustee adopts and incorporates all the previous paragraphs in this Complaint as if fully stated herein.

160. The Lenders, who provided a loan to the Debtors before the Debtors paid the Dividend, have a claim against the Debtors that was antecedent to the Dividend.

161. None of the Holdings Shareholders provided the Debtors with any consideration for the portion of the Dividend that they received.

162. On the day that Atherotech paid the Dividend, it had assets with a book value of \$45,244,096, and total liabilities with a book value of \$51,045,820.

163. Furthermore, Atherotech had unrecorded contingent liabilities for violations of the False Claims Act in the amount of \$107,073,000.

164. Atherotech was insolvent on the day that it paid the Dividend.

165. The Dividend was constructively fraudulent as to the Lenders.

Count IV

Recovery of Fraudulent Transfer (Bankruptcy Code § 550(a)(1)) - Holdings Shareholders

166. The Trustee adopts and incorporates all the previous paragraphs in this Complaint as if fully stated herein.

167. The Shareholders were the initial parties to receive the Dividend.

168. Furthermore, the Debtors paid the Dividend for the benefit of the Shareholders.

169. The Trustee may recover the Dividend from the Shareholders.

DOCUMENT 2

Count V
Recovery of Fraudulent Transfer (Bankruptcy Code § 550(a)(1)) – Fund IV Partners

170. The Trustee adopts and incorporates all the previous paragraphs in this Complaint as if fully stated herein.

171. Fund IV had no discretion to direct or control the Fund Dividend that Fund IV received from the Debtors.

172. Rather, the Fund Dividend passed through Fund IV, penny-for-penny, and went to the Fund IV Partners.

173. The Fund IV Partners were the beneficiaries of the Dividend to the extent they received such funds.

174. The Trustee may recover the Dividend from the Fund IV Partners to the extent they received a portion of the Dividend.

Count VI
Recovery of Fraudulent Transfer (Bankruptcy Code § 550(a)(2)) – Fund IV Partners

175. The Trustee adopts and incorporates all the previous paragraphs in this Complaint as if fully stated herein.

176. After receiving the Fund Dividend, Fund IV paid the entirety of the Fund Dividend to the Fund IV Partners.

177. The Fund IV Partners are each immediate or mediate transferees of the Fund Dividend from Fund IV.

178. The Trustee may recover the Fund Dividend from the Fund IV Partners.

Count VII
Recovery of Fraudulent Transfer (Bankruptcy Code § 550(a)(2)) – Behrman Brothers Members

179. The Trustee adopts and incorporates all the previous paragraphs in this Complaint as if fully stated herein.

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180. After receiving the Behrman Brothers Fund IV Dividend, Behrman Brothers paid the entirety of the Behrman Brothers Fund IV Dividend to the Behrman Brothers Members.

181. The Behrman Brothers Members are each immediate or mediate transferees of the Behrman Brothers Fund IV Dividend from Behrman Brothers.

182. The Trustee may recover the Behrman Brothers Fund IV Dividend from the Behrman Brothers Members.

Count VIII
Negligence – Behrman Management

183. The Trustee adopts and incorporates all the previous paragraphs in this Complaint as if fully stated herein.

184. As Atherotech's financial and operational advisor, Behrman Management had a duty to provide reasonable and sound advice to Atherotech regarding its business practices.

185. Behrman Management breached its common law duties to Atherotech by negligently failing to provide reasonable and sound business advice.

186. Behrman Management breached its duty in failing to advise Atherotech regarding the appropriate levels of debt and equity that Atherotech should maintain.

187. Behrman Management breached its duties to Atherotech by encouraging Atherotech to pay out the Dividend whereby Atherotech became more insolvent and threatened Atherotech's ability to be a long-term going concern.

188. Behrman Management also breached its duty to Atherotech by advising Atherotech to engage in a business strategy that would increase the company's payments of P&H Fees, which were illegal kickbacks to physicians. Behrman Management continued this advice from 2010 to June 2014.

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189. Moreover, Behrman Management breached its duties to Atherotech by failing to advise the company to stop paying P&H Fees when the DOJ notified Atherotech in September 2012 that it was being investigated for possible kickback payments to physicians.

190. Behrman Management further breached its duty to Atherotech by failing to create and implement a reasonable strategy to respond to the changing competitive landscape that was created by the 2014 Fraud Alert. Behrman Management failed to have a contingency plan in place in order to respond to the anticipated 2014 Fraud Alert, and the initiatives advanced by Behrman Management were hastily put together in disregard of the most basic decision-making processes. Moreover, Behrman Management was negligent in advising Atherotech to change its billings practices in 2015, which led to further financial harm to the Debtors.

191. As a proximate cause of Behrman Management's multiple breaches of its duty to provide sound and reasonable advice to Atherotech, Atherotech was forced to file for Chapter 7 bankruptcy in March 2016.

192. As a result of Behrman Management's breaches, Atherotech suffered damages in the form of lost profits and exposed the company to avoidable liabilities, including unnecessary legal expenses and exposure to the federal government.

Count IX
Breach of Contract – Behrman Management

193. The Trustee adopts and incorporates all the previous paragraphs in this Complaint as if fully stated herein.

194. Atherotech and Behrman Management entered into a contract whereby Behrman Management agreed to serve as Atherotech's financial and operational advisor.

195. Behrman Management breached the contract with Atherotech by failing to provide reasonable and sound business advice. Behrman Management failed to advise

DOCUMENT 2

Atherotech regarding the appropriate levels of debt and equity that Atherotech should maintain. Behrman Management breached the contract by encouraging Atherotech to pay out as a dividend in 2013 an amount that left the company insolvent and threatened Atherotech's ability to be a long-term going concern.

196. Behrman Management also breached its contract by advising Atherotech to engage in a business strategy that would increase the company's payments of P&H fees, which were illegal kickbacks to physicians. Moreover, Behrman Management breached its contractual duties by failing to advise the company to stop paying P&H fees when the government notified Atherotech in September 2012 that it was being investigated for possible kickback payments to physicians. Behrman Management further breached its duty to Atherotech by failing to create and implement a reasonable strategy to respond to the changing competitive landscape that was created by the 2014 Fraud Alert.

197. As a proximate cause of Behrman Management's multiple breaches of its contractual obligations, Atherotech was forced to file for Chapter 7 bankruptcy in March 2016. As a result of Behrman Management's breaches, Atherotech suffered damages in the form of lost profits and exposed the company to avoidable liabilities, including unnecessary legal expenses and exposure to the federal government.

Count X
Breach of Fiduciary Duty – Behrman Management

198. The Trustee adopts and incorporates all the previous paragraphs in this Complaint as if fully stated herein.

DOCUMENT 2

199. As Atherotech's financial and operational advisors, Behrman Management had a fiduciary duty to Atherotech to provide the company with financial and business advice that was in Atherotech's best interest.

200. Behrman Management breached its fiduciary duties to Atherotech. Behrman Management breached its duty in failing to advise Atherotech regarding the appropriate levels of debt and equity that Atherotech should maintain. Behrman Management breached its duties to Atherotech by encouraging Atherotech to pay out as a dividend in 2013 an amount that left the company insolvent and threatened Atherotech's ability to be a long-term going concern.

201. Behrman Management also breached its duty to Atherotech by advising Atherotech to engage in a business strategy that would increase the company's payments of P&H fees, which were illegal kickbacks to physicians. Moreover, Behrman Management breached its duties to Atherotech by failing to advise the company to stop paying P&H fees when the government notified Atherotech in September 2012 that it was being investigated for possible kickback payments to physicians.

202. As a proximate cause of Behrman Management's multiple breaches of its fiduciary duties, Atherotech was forced to file for Chapter 7 bankruptcy in March 2016. As a result of Behrman Management's breaches, Atherotech suffered damages in the form of lost profits and exposed the company to avoidable liabilities, including unnecessary legal expenses and exposure to the federal government.

Count XI
Unjust Enrichment against Mintz Levin – Payments for regulatory advice

DOCUMENT 2

203. The Trustee adopts and incorporates all the previous paragraphs in this Complaint as if fully stated herein.

204. Atherotech paid Mintz Levin \$619,673.83 to provide Atherotech with competent regulatory advice concerning among other things the legality of paying P&H Fees.

205. In making these payments to Mintz Levin, Atherotech expected to receive competent regulatory advice concerning, among other things, the legality of paying P&H Fees.

206. Mintz Levin failed to provide Atherotech with competent regulatory advice concerning, among other things, the legality of paying P&H Fees.

207. Mintz Levin became unjustly enriched by the payment of \$2,368,011.09 from Atherotech for Mintz Levin's advice and/or lack of advice on the legality of paying P&H fees.

Count XII
Negligence - Mintz Levin

208. The Trustee adopts and incorporates all the previous paragraphs in this Complaint as if fully stated herein.

209. When Mintz Levin undertook the represent Atherotech under its general engagement letter, Mintz Levin assumed the duty to advise Atherotech with regard to Atherotech's healthcare regulatory-related practices in a professional manner.

210. Despite knowing that Atherotech was paying P&H Fees and running a risk by doing so, Mintz Levin never advised Atherotech to stop paying P&H Fees.

211. Rather, Mintz Levin allowed Atherotech to continue to this risk and ultimately have substantial unreported liabilities to the government for its violations of the False Claims Act; liabilities totaling at a minimum \$26.4 million.

212. Despite knowing that Atherotech was paying P&H Fees and running a risk by doing so, Mintz Levin advised Atherotech to complain to the DOJ concerning Atherotech's

DOCUMENT 2

competitors' practices of paying P&H Fees and admit to the DOJ that Atherotech was paying P&H Fees.

213. After Atherotech acted on Mintz Levin's advice, and based on Atherotech's disclosures of paying P&H Fees itself, the DOJ began an investigation into Atherotech's practice of paying P&H Fees.

214. This investigation led to Atherotech paying Mintz Levin \$1,748,337.26 for representation related to the DOJ investigation.

215. Altogether, Mintz Levin's failure to competently advise regarding ceasing to pay P&H Fees resulted in False Act Claims against Atherotech for a minimum of \$26.4 million and Mintz Levin's actual advice cost Atherotech \$1,748,337.26 in unnecessary legal fees. Mintz Levin breached the standard of care applicable to attorneys providing advice in Alabama to an Alabama client as it related to Mintz Levin's acts and omissions concerning the legality of paying P&H fees as referenced above.

**Count XIII
Objection to Mintz Levin's Claim**

216. The Trustee adopts and incorporates all the previous paragraphs in this Complaint as if fully stated herein.

217. The Trustee objects to Mintz Levin's claim.

218. Because Mintz Levin was negligent when representing Atherotech, Mintz Levin is not entitled to a claim against Atherotech.

WHEREFORE, the Trustee respectfully requests that this Court:

A. To enter judgment in favor of Trustee and against Defendants and each of them jointly and severally, in an amount to be proven at trial;

DOCUMENT 2

B. Award direct and, if applicable, consequential, incidental, and punitive damages in an amount to be determined at trial;

C. Award costs, as provided by law; and

D. Enter judgment awarding such other further relief as this Court deems just and equitable.

Respectfully submitted,

/s/ Bill D. Bensinger
Daniel D. Sparks
Richard E. Smith
Bill D. Bensinger
Jonathan W. Macklem
Attorneys for Thomas E. Reynolds, Trustee

OF COUNSEL:

CHRISTIAN & SMALL, LLP
1800 Financial Center
505 North 20th Street
Birmingham, Alabama 35203
Tel: 205-250-6626
Fax: 205-328-7234
Email: bdb@csattorneys.com

JURY DEMAND

Plaintiff respectfully requests all issues be decided by a struck jury.

/s/ Bill D. Bensinger
Of Counsel

State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS - CIVIL -	Court Case Number 01-CV-2018-900889.00
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IN THE CIRCUIT COURT OF JEFFERSON COUNTY, ALABAMA
 THOMAS E. REYNOLDS TRUSTEE V. BEHRMAN CAPITAL IV L.P. ET AL

NOTICE TO: BEHRMAN CAPITAL IV L.P., CORPORATION SERVICE COMPA 251 LITTLE FALLS DR., WILMINGTON, DE 19808
(Name and Address of Defendant)

THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S),
 BILL DELONEY BENSINGER
(Name(s) of Attorney(s))

WHOSE ADDRESS(ES) IS/ARE: 505 North 20th Street, Suite 1800, BIRMINGHAM, AL 35203
(Address(es) of Plaintiff(s) or Attorney(s))

THE ANSWER MUST BE MAILED OR DELIVERED WITHIN 30 DAYS AFTER THIS SUMMONS AND COMPLAINT OR OTHER DOCUMENT WERE SERVED ON YOU OR A JUDGMENT BY DEFAULT MAY BE RENDERED AGAINST YOU FOR THE MONEY OR OTHER THINGS DEMANDED IN THE COMPLAINT OR OTHER DOCUMENT.

TO ANY SHERIFF OR ANY PERSON AUTHORIZED BY THE ALABAMA RULES OF CIVIL
 PROCEDURE TO SERVE PROCESS:

☐ You are hereby commanded to serve this Summons and a copy of the Complaint or other document in this action upon the above-named Defendant. THOMAS E. REYNOLDS

☒ Service by certified mail of this Summons is initiated upon the written request of TRUSTEE
(Name(s))

pursuant to the Alabama Rules of the Civil Procedure.

3/3/2018 12:10:55 PM /s/ ANNE-MARIE ADAMS By: _____
(Date) (Signature of Clerk) (Name)

☒ Certified Mail is hereby requested. /s/ BILL DELONEY BENSINGER
(Plaintiffs/Attorney's Signature)

RETURN ON SERVICE

☐ Return receipt of certified mail received in this office on _____
(Date)

☐ I certify that I personally delivered a copy of this Summons and Complaint or other document to _____
(Name of Person Served) in _____ County,
(Name of County)

Alabama on _____
(Date)

 (Type of Process Server)

 (Server's Signature)

 (Address of Server)

 (Server's Printed Name)

 (Phone Number of Server)

State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS - CIVIL -	Court Case Number 01-CV-2018-900889.00
IN THE CIRCUIT COURT OF JEFFERSON COUNTY, ALABAMA THOMAS E. REYNOLDS TRUSTEE V. BEHRMAN CAPITAL IV L.P. ET AL		
NOTICE TO: <u>BEHRMAN BROTHERS IV L.L.C., CORPORATION SERVICE COMPA 251 LITTLE FALLS DR., WILMINGTON, DE 19808</u> <div style="text-align: center;">(Name and Address of Defendant)</div>		
THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S), <u>BILL DELONEY BENSINGER</u> <div style="text-align: center;">(Name(s) of Attorney(s))</div>		
WHOSE ADDRESS(ES) IS/ARE: <u>505 North 20th Street, Suite 1800, BIRMINGHAM, AL 35203</u> <div style="text-align: center;">(Address(es) of Plaintiff(s) or Attorney(s))</div>		
THE ANSWER MUST BE MAILED OR DELIVERED WITHIN 30 DAYS AFTER THIS SUMMONS AND COMPLAINT OR OTHER DOCUMENT WERE SERVED ON YOU OR A JUDGMENT BY DEFAULT MAY BE RENDERED AGAINST YOU FOR THE MONEY OR OTHER THINGS DEMANDED IN THE COMPLAINT OR OTHER DOCUMENT.		
TO ANY SHERIFF OR ANY PERSON AUTHORIZED BY THE ALABAMA RULES OF CIVIL PROCEDURE TO SERVE PROCESS:		
<input type="checkbox"/> You are hereby commanded to serve this Summons and a copy of the Complaint or other document in this action upon the above-named Defendant. THOMAS E. REYNOLDS		
<input checked="" type="checkbox"/> Service by certified mail of this Summons is initiated upon the written request of <u>TRUSTEE</u> <div style="text-align: right;">(Name(s))</div>		
pursuant to the Alabama Rules of the Civil Procedure. <u>3/3/2018 12:10:55 PM</u> <u>/s/ ANNE-MARIE ADAMS</u> By: _____ <div style="display: flex; justify-content: space-between;"> (Date) (Signature of Clerk) (Name) </div>		
<input checked="" type="checkbox"/> Certified Mail is hereby requested. <u>/s/ BILL DELONEY BENSINGER</u> <div style="text-align: right;">(Plaintiff's/Attorney's Signature)</div>		
RETURN ON SERVICE		
<input type="checkbox"/> Return receipt of certified mail received in this office on _____ <div style="text-align: right;">(Date)</div>		
<input type="checkbox"/> I certify that I personally delivered a copy of this Summons and Complaint or other document to _____ <div style="display: flex; justify-content: space-between;"> (Name of Person Served) in _____ County, </div> <div style="display: flex; justify-content: space-between;"> (Name of County) </div>		
Alabama on _____ <div style="text-align: center;">(Date)</div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> _____ (Type of Process Server) </div> <div style="width: 30%;"> _____ (Server's Signature) </div> <div style="width: 30%;"> _____ (Address of Server) </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> _____ (Server's Printed Name) </div> <div style="width: 30%;"> _____ (Phone Number of Server) </div> </div>		

State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS - CIVIL -	Court Case Number 01-CV-2018-900889.00
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IN THE CIRCUIT COURT OF JEFFERSON COUNTY, ALABAMA
 THOMAS E. REYNOLDS TRUSTEE V. BEHRMAN CAPITAL IV L.P. ET AL

NOTICE TO: MIDCAP FINANCIAL INVESTMENT, LP, CORPORATION TRUST COMPANY 1209 ORANGE STREET, WILMINGTON, DE 19801
(Name and Address of Defendant)

THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S),
 BILL DELONEY BENSINGER
(Name(s) of Attorney(s))

WHOSE ADDRESS(ES) IS/ARE: 505 North 20th Street, Suite 1800, BIRMINGHAM, AL 35203
(Address(es) of Plaintiff(s) or Attorney(s))

THE ANSWER MUST BE MAILED OR DELIVERED WITHIN 30 DAYS AFTER THIS SUMMONS AND COMPLAINT OR OTHER DOCUMENT WERE SERVED ON YOU OR A JUDGMENT BY DEFAULT MAY BE RENDERED AGAINST YOU FOR THE MONEY OR OTHER THINGS DEMANDED IN THE COMPLAINT OR OTHER DOCUMENT.

TO ANY SHERIFF OR ANY PERSON AUTHORIZED BY THE ALABAMA RULES OF CIVIL
 PROCEDURE TO SERVE PROCESS:

☐ You are hereby commanded to serve this Summons and a copy of the Complaint or other document in this action upon the above-named Defendant. THOMAS E. REYNOLDS

☒ Service by certified mail of this Summons is initiated upon the written request of TRUSTEE
(Name(s))

pursuant to the Alabama Rules of the Civil Procedure.

3/3/2018 12:10:55 PM /s/ ANNE-MARIE ADAMS By: _____
(Date) (Signature of Clerk) (Name)

☒ Certified Mail is hereby requested. /s/ BILL DELONEY BENSINGER
(Plaintiff's/Attorney's Signature)

RETURN ON SERVICE

☐ Return receipt of certified mail received in this office on _____
(Date)

☐ I certify that I personally delivered a copy of this Summons and Complaint or other document to _____
(Name of Person Served) in (Name of County) County,

Alabama on _____
(Date)

 (Type of Process Server)

 (Server's Signature)

 (Address of Server)

 (Server's Printed Name)

 (Phone Number of Server)

State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS - CIVIL -	Court Case Number 01-CV-2018-900889.00
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IN THE CIRCUIT COURT OF JEFFERSON COUNTY, ALABAMA
THOMAS E. REYNOLDS TRUSTEE V. BEHRMAN CAPITAL IV L.P. ET AL

NOTICE TO: CORE AMERICAS/GLOBAL HOLDINGS, LP, CORPORATION TRUST COMPANY 1209 ORANGE STREET, WILMINGTON, DE 19801

(Name and Address of Defendant)

THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S),

BILL DELONEY BENSINGER

(Name(s) of Attorney(s))

WHOSE ADDRESS(ES) IS/ARE: 505 North 20th Street, Suite 1800, BIRMINGHAM, AL 35203

(Address(es) of Plaintiff(s) or Attorney(s))

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TO ANY SHERIFF OR ANY PERSON AUTHORIZED BY THE ALABAMA RULES OF CIVIL PROCEDURE TO SERVE PROCESS:

☐ You are hereby commanded to serve this Summons and a copy of the Complaint or other document in this action upon the above-named Defendant. **THOMAS E. REYNOLDS**

☒ Service by certified mail of this Summons is initiated upon the written request of **TRUSTEE**

(Name(s))

3/3/2018 12:10:55 PM /s/ ANNE-MARIE ADAMS By: _____
 (Date) (Signature of Clerk) (Name)

☒ Certified Mail is hereby requested. /s/ BILL DELONEY BENSINGER

(Plaintiff's/Attorney's Signature)

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(Date)

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in _____ County,

(Name of Person Served) (Name of County)

Alabama on _____

(Date)

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 (Server's Signature)

 (Address of Server)

 (Server's Printed Name)

 (Phone Number of Server)

State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS - CIVIL -	Court Case Number 01-CV-2018-900889.00
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IN THE CIRCUIT COURT OF JEFFERSON COUNTY, ALABAMA
 THOMAS E. REYNOLDS TRUSTEE V. BEHRMAN CAPITAL IV L.P. ET AL

NOTICE TO: CS STRATEGIC PARTNERS IV INVESTMENTS, LP, 11 MADISON AVE 16TH FLOOR, NEWYORK, NY 10010

(Name and Address of Defendant)

THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S),
 BILL DELONEY BENSINGER

(Name(s) of Attorney(s))

WHOSE ADDRESS(ES) IS/ARE: 505 North 20th Street, Suite 1800, BIRMINGHAM, AL 35203

(Address(es) of Plaintiff(s) or Attorney(s))

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 PROCEDURE TO SERVE PROCESS:

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(Name(s))

3/3/2018 12:10:55 PM /s/ ANNE-MARIE ADAMS By: _____

(Date)
(Signature of Clerk)
(Name)

☒ Certified Mail is hereby requested. /s/ BILL DELONEY BENSINGER

(Plaintiff's/Attorney's Signature)

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State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS - CIVIL -	Court Case Number 01-CV-2018-900889.00
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IN THE CIRCUIT COURT OF JEFFERSON COUNTY, ALABAMA
THOMAS E. REYNOLDS TRUSTEE V. BEHRMAN CAPITAL IV L.P. ET AL

NOTICE TO: GLOBAL FUND PARTNERS II, LP, CORPORATION TRUST COMPANY 1209 ORANGE STREET, WILMINGTON, DE 19801

(Name and Address of Defendant)

THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S),
 BILL DELONEY BENSINGER

(Name(s) of Attorney(s))

WHOSE ADDRESS(ES) IS/ARE: 505 North 20th Street, Suite 1800, BIRMINGHAM, AL 35203

(Address(es) of Plaintiff(s) or Attorney(s))

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TO ANY SHERIFF OR ANY PERSON AUTHORIZED BY THE ALABAMA RULES OF CIVIL PROCEDURE TO SERVE PROCESS:

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(Name(s))

pursuant to the Alabama Rules of the Civil Procedure.

3/3/2018 12:10:55 PM /s/ ANNE-MARIE ADAMS By: _____
(Date) (Signature of Clerk) (Name)

☒ Certified Mail is hereby requested. /s/ BILL DELONEY BENSINGER
(Plaintiff's/Attorney's Signature)

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County,

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Alabama on _____
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State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS - CIVIL -	Court Case Number 01-CV-2018-900889.00
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IN THE CIRCUIT COURT OF JEFFERSON COUNTY, ALABAMA
 THOMAS E. REYNOLDS TRUSTEE V. BEHRMAN CAPITAL IV L.P. ET AL

NOTICE TO: METLIFE INSURANCE COMPANY OF CONNECTICUT, ONE CITY PLACE 18TH FLOOR, HARTFORD, CT 06103
(Name and Address of Defendant)

THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S),
BILL DELONEY BENSINGER
(Name(s) of Attorney(s))

WHOSE ADDRESS(ES) IS/ARE: 505 North 20th Street, Suite 1800, BIRMINGHAM, AL 35203
(Address(es) of Plaintiff(s) or Attorney(s))

THE ANSWER MUST BE MAILED OR DELIVERED WITHIN 30 DAYS AFTER THIS SUMMONS AND COMPLAINT OR OTHER DOCUMENT WERE SERVED ON YOU OR A JUDGMENT BY DEFAULT MAY BE RENDERED AGAINST YOU FOR THE MONEY OR OTHER THINGS DEMANDED IN THE COMPLAINT OR OTHER DOCUMENT.

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(Name(s))

pursuant to the Alabama Rules of the Civil Procedure.

3/3/2018 12:10:55 PM /s/ ANNE-MARIE ADAMS By: _____
(Date) (Signature of Clerk) (Name)

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(Plaintiff's/Attorney's Signature)

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State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS - CIVIL -	Court Case Number 01-CV-2018-900889.00
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IN THE CIRCUIT COURT OF JEFFERSON COUNTY, ALABAMA
THOMAS E. REYNOLDS TRUSTEE V. BEHRMAN CAPITAL IV L.P. ET AL

NOTICE TO: PORTFOLIO ADVISORS SECONDARY FUND, L.P., COGENCY GLOBAL, INC. 850 NEW BURTON RD STE 201, DOVER, DE 19904
(Name and Address of Defendant)

THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S),
 BILL DELONEY BENSINGER
(Name(s) of Attorney(s))

WHOSE ADDRESS(ES) IS/ARE: 505 North 20th Street, Suite 1800, BIRMINGHAM, AL 35203
(Address(es) of Plaintiff(s) or Attorney(s))

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TO ANY SHERIFF OR ANY PERSON AUTHORIZED BY THE ALABAMA RULES OF CIVIL PROCEDURE TO SERVE PROCESS:

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(Name(s))
 pursuant to the Alabama Rules of the Civil Procedure.

3/3/2018 12:10:55 PM /s/ ANNE-MARIE ADAMS By: _____
(Date) (Signature of Clerk) (Name)

☒ Certified Mail is hereby requested. /s/ BILL DELONEY BENSINGER
(Plaintiff's/Attorney's Signature)

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Alabama on _____
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State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS - CIVIL -	Court Case Number 01-CV-2018-900889.00
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IN THE CIRCUIT COURT OF JEFFERSON COUNTY, ALABAMA
THOMAS E. REYNOLDS TRUSTEE V. BEHRMAN CAPITAL IV L.P. ET AL

NOTICE TO: STEPSTONE PRIVATE EQUITY PARTNERS III L.P., CORPORATION TRUST COMPANY 1209 ORANGE STREET, WILMINGTON, DE 19801
(Name and Address of Defendant)

THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S),
BILL DELONEY BENSINGER
(Name(s) of Attorney(s))

WHOSE ADDRESS(ES) IS/ARE: 505 North 20th Street, Suite 1800, BIRMINGHAM, AL 35203
(Address(es) of Plaintiff(s) or Attorney(s))

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(Name(s))

pursuant to the Alabama Rules of the Civil Procedure.

3/3/2018 12:10:55 PM /s/ ANNE-MARIE ADAMS By: _____
(Date) (Signature of Clerk) (Name)

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(Plaintiff's/Attorney's Signature)

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in _____ County,
(Name of County)

Alabama on _____
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State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS - CIVIL -	Court Case Number 01-CV-2018-900889.00
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IN THE CIRCUIT COURT OF JEFFERSON COUNTY, ALABAMA
THOMAS E. REYNOLDS TRUSTEE V. BEHRMAN CAPITAL IV L.P. ET AL

NOTICE TO: AMANDA ZEITLIN, 11 DARBROOK ROAD, WESTPORT, CT 06880

(Name and Address of Defendant)

THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S),
 BILL DELONEY BENSINGER

(Name(s) of Attorney(s))

WHOSE ADDRESS(ES) IS/ARE: 505 North 20th Street, Suite 1800, BIRMINGHAM, AL 35203

(Address(es) of Plaintiff(s) or Attorney(s))

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(Name(s))

pursuant to the Alabama Rules of the Civil Procedure.

3/3/2018 12:10:55 PM /s/ ANNE-MARIE ADAMS By: _____

(Date)
(Signature of Clerk)
(Name)

☒ Certified Mail is hereby requested. /s/ BILL DELONEY BENSINGER

(Plaintiff's/Attorney's Signature)

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State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS - CIVIL -	Court Case Number 01-CV-2018-900889.00
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IN THE CIRCUIT COURT OF JEFFERSON COUNTY, ALABAMA

THOMAS E. REYNOLDS TRUSTEE V. BEHRMAN CAPITAL IV L.P. ET AL

NOTICE TO: GREG M. BEHRMAN, 2717 NORTH STREET, FAIRFIELD, CT 06824

(Name and Address of Defendant)

THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S),

BILL DELONEY BENSINGER

(Name(s) of Attorney(s))

WHOSE ADDRESS(ES) IS/ARE: 505 North 20th Street, Suite 1800, BIRMINGHAM, AL 35203

(Address(es) of Plaintiff(s) or Attorney(s))

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3/3/2018 12:10:55 PM /s/ ANNE-MARIE ADAMS By: _____

(Date) (Signature of Clerk) (Name)

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(Plaintiff's/Attorney's Signature)

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(Name of Person Served) (Name of County)

Alabama on _____

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State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS - CIVIL -	Court Case Number 01-CV-2018-900889.00
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IN THE CIRCUIT COURT OF JEFFERSON COUNTY, ALABAMA
THOMAS E. REYNOLDS TRUSTEE V. BEHRMAN CAPITAL IV L.P. ET AL

NOTICE TO: GREGORY J. CHATE, 18 CIBRIAN DRIVE, TIBURON, CA 94920

 (Name and Address of Defendant)

THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S),
 BILL DELONEY BENSINGER

 (Name(s) of Attorney(s))

WHOSE ADDRESS(ES) IS/ARE: 505 North 20th Street, Suite 1800, BIRMINGHAM, AL 35203

 (Address(es) of Plaintiff(s) or Attorney(s))

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 pursuant to the Alabama Rules of the Civil Procedure. (Name(s))

3/3/2018 12:10:55 PM /s/ ANNE-MARIE ADAMS By: _____
 (Date) (Signature of Clerk) (Name)

☒ Certified Mail is hereby requested. /s/ BILL DELONEY BENSINGER
(Plaintiff's/Attorney's Signature)

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State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS - CIVIL -	Court Case Number 01-CV-2018-900889.00
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IN THE CIRCUIT COURT OF JEFFERSON COUNTY, ALABAMA
THOMAS E. REYNOLDS TRUSTEE V. BEHRMAN CAPITAL IV L.P. ET AL

NOTICE TO: THE DOUGLAS E. BEHRMAN TRUST, ATTN: TRUSTEE 23 FAREWELL LANE, GREENWICH, CT 06831

(Name and Address of Defendant)

THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S),

BILL DELONEY BENSINGER

(Name(s) of Attorney(s))

WHOSE ADDRESS(ES) IS/ARE: **505 North 20th Street, Suite 1800, BIRMINGHAM, AL 35203**

(Address(es) of Plaintiff(s) or Attorney(s))

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☒ Service by certified mail of this Summons is initiated upon the written request of **TRUSTEE**

(Name(s))

3/3/2018 12:10:55 PM **/s/ ANNE-MARIE ADAMS** **By:**

(Date) (Signature of Clerk) (Name)

☒ Certified Mail is hereby requested. **/s/ BILL DELONEY BENSINGER**

(Plaintiff's/Attorney's Signature)

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in _____ County,

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Alabama on _____

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IN THE CIRCUIT COURT OF JEFFERSON COUNTY, ALABAMA

THOMAS E. REYNOLDS TRUSTEE V. BEHRMAN CAPITAL IV L.P. ET AL

NOTICE TO: THE KIMBERLY E. BEHRMAN TRUST, ATTN: TRUSTEE 23 FAREWELL LANE, GREENWICH, CT 06831

(Name and Address of Defendant)

THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S),

BILL DELONEY BENSINGER

(Name(s) of Attorney(s))

WHOSE ADDRESS(ES) IS/ARE: 505 North 20th Street, Suite 1800, BIRMINGHAM, AL 35203

(Address(es) of Plaintiff(s) or Attorney(s))

THE ANSWER MUST BE MAILED OR DELIVERED WITHIN 30 DAYS AFTER THIS SUMMONS AND COMPLAINT OR OTHER DOCUMENT WERE SERVED ON YOU OR A JUDGMENT BY DEFAULT MAY BE RENDERED AGAINST YOU FOR THE MONEY OR OTHER THINGS DEMANDED IN THE COMPLAINT OR OTHER DOCUMENT.

TO ANY SHERIFF OR ANY PERSON AUTHORIZED BY THE ALABAMA RULES OF CIVIL PROCEDURE TO SERVE PROCESS:

☐ You are hereby commanded to serve this Summons and a copy of the Complaint or other document in this action upon the above-named Defendant. THOMAS E. REYNOLDS

☒ Service by certified mail of this Summons is initiated upon the written request of TRUSTEE

(Name(s))

3/3/2018 12:10:55 PM /s/ ANNE-MARIE ADAMS By: _____

(Date) (Signature of Clerk) (Name)

☒ Certified Mail is hereby requested. /s/ BILL DELONEY BENSINGER

(Plaintiff's/Attorney's Signature)

RETURN ON SERVICE

☐ Return receipt of certified mail received in this office on _____

(Date)

☐ I certify that I personally delivered a copy of this Summons and Complaint or other document to _____

in _____ County,

(Name of Person Served) (Name of County)

Alabama on _____

(Date)

(Type of Process Server)

(Server's Signature)

(Server's Printed Name)

(Address of Server)

(Phone Number of Server)

(Phone Number of Server)

State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS - CIVIL -	Court Case Number 01-CV-2018-900889.00
IN THE CIRCUIT COURT OF JEFFERSON COUNTY, ALABAMA THOMAS E. REYNOLDS TRUSTEE V. BEHRMAN CAPITAL IV L.P. ET AL		
NOTICE TO: <u>WILLIAM MATTES, 1665 INGLEWOOD AVE, ST. HELENA, CA 94574</u> <div style="text-align: right;">(Name and Address of Defendant)</div>		
THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S), <u>BILL DELONEY BENSINGER</u> <div style="text-align: right;">(Name(s) of Attorney(s))</div>		
WHOSE ADDRESS(ES) IS/ARE: <u>505 North 20th Street, Suite 1800, BIRMINGHAM, AL 35203</u> <div style="text-align: right;">(Address(es) of Plaintiff(s) or Attorney(s))</div>		
THE ANSWER MUST BE MAILED OR DELIVERED WITHIN 30 DAYS AFTER THIS SUMMONS AND COMPLAINT OR OTHER DOCUMENT WERE SERVED ON YOU OR A JUDGMENT BY DEFAULT MAY BE RENDERED AGAINST YOU FOR THE MONEY OR OTHER THINGS DEMANDED IN THE COMPLAINT OR OTHER DOCUMENT.		
TO ANY SHERIFF OR ANY PERSON AUTHORIZED BY THE ALABAMA RULES OF CIVIL PROCEDURE TO SERVE PROCESS:		
<input type="checkbox"/> You are hereby commanded to serve this Summons and a copy of the Complaint or other document in this action upon the above-named Defendant.		
<input checked="" type="checkbox"/> Service by certified mail of this Summons is initiated upon the written request of <u>THOMAS E. REYNOLDS TRUSTEE</u> <div style="text-align: right;">(Name(s))</div>		
<u>3/3/2018 12:10:55 PM</u> <div style="text-align: right;">(Date)</div>	<u>/s/ ANNE-MARIE ADAMS</u> <div style="text-align: right;">(Signature of Clerk)</div>	By: _____ <div style="text-align: right;">(Name)</div>
<input checked="" type="checkbox"/> Certified Mail is hereby requested. <u>/s/ BILL DELONEY BENSINGER</u> <div style="text-align: right;">(Plaintiff's/Attorney's Signature)</div>		
RETURN ON SERVICE		
<input type="checkbox"/> Return receipt of certified mail received in this office on _____ <div style="text-align: right;">(Date)</div>		
<input type="checkbox"/> I certify that I personally delivered a copy of this Summons and Complaint or other document to _____ <div style="text-align: right;">(Name of Person Served)</div>		
in _____ County, <div style="text-align: right;">(Name of County)</div>		
Alabama on _____ <div style="text-align: right;">(Date)</div>		
_____ <div style="text-align: right;">(Type of Process Server)</div>	_____ <div style="text-align: right;">(Server's Signature)</div>	_____ <div style="text-align: right;">(Address of Server)</div>
_____ <div style="text-align: right;">(Server's Printed Name)</div>		_____ <div style="text-align: right;">(Phone Number of Server)</div>

State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS - CIVIL -	Court Case Number 01-CV-2018-900889.00
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IN THE CIRCUIT COURT OF JEFFERSON COUNTY, ALABAMA
THOMAS E. REYNOLDS TRUSTEE V. BEHRMAN CAPITAL IV L.P. ET AL

NOTICE TO: MICHAEL RAPPORT, 29 BONNETT AVE, LARCHMONT, NY 10538

(Name and Address of Defendant)

THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S),
 BILL DELONEY BENSINGER

(Name(s) of Attorney(s))

WHOSE ADDRESS(ES) IS/ARE: 505 North 20th Street, Suite 1800, BIRMINGHAM, AL 35203

(Address(es) of Plaintiff(s) or Attorney(s))

THE ANSWER MUST BE MAILED OR DELIVERED WITHIN 30 DAYS AFTER THIS SUMMONS AND COMPLAINT OR OTHER DOCUMENT WERE SERVED ON YOU OR A JUDGMENT BY DEFAULT MAY BE RENDERED AGAINST YOU FOR THE MONEY OR OTHER THINGS DEMANDED IN THE COMPLAINT OR OTHER DOCUMENT.

TO ANY SHERIFF OR ANY PERSON AUTHORIZED BY THE ALABAMA RULES OF CIVIL PROCEDURE TO SERVE PROCESS:

☐ You are hereby commanded to serve this Summons and a copy of the Complaint or other document in this action upon the above-named Defendant.

☒ Service by certified mail of this Summons is initiated upon the written request of **THOMAS E. REYNOLDS TRUSTEE**

(Name(s))

pursuant to the Alabama Rules of the Civil Procedure.

3/3/2018 12:10:55 PM
 (Date)

/s/ ANNE-MARIE ADAMS
 (Signature of Clerk)

By: _____
 (Name)

☒ Certified Mail is hereby requested.

/s/ BILL DELONEY BENSINGER
 (Plaintiff's/Attorney's Signature)

RETURN ON SERVICE

☐ Return receipt of certified mail received in this office on _____

(Date)

☐ I certify that I personally delivered a copy of this Summons and Complaint or other document to _____

County,

 (Name of Person Served)

 (Name of County)

Alabama on _____

(Date)

 (Type of Process Server)

 (Server's Signature)

 (Address of Server)

 (Server's Printed Name)

 (Phone Number of Server)

State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS - CIVIL -	Court Case Number 01-CV-2018-900889.00
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IN THE CIRCUIT COURT OF JEFFERSON COUNTY, ALABAMA
 THOMAS E. REYNOLDS TRUSTEE V. BEHRMAN CAPITAL IV L.P. ET AL

NOTICE TO: PRADYUT SHAH, 1333 DIAMOND STREET, SAN FRANCISCO, CA 94131
(Name and Address of Defendant)

THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S),
 BILL DELONEY BENSINGER
[Name(s) of Attorney(s)]

WHOSE ADDRESS(ES) IS/ARE: 505 North 20th Street, Suite 1800, BIRMINGHAM, AL 35203
[Address(es) of Plaintiff(s) or Attorney(s)]

THE ANSWER MUST BE MAILED OR DELIVERED WITHIN 30 DAYS AFTER THIS SUMMONS AND COMPLAINT OR OTHER DOCUMENT WERE SERVED ON YOU OR A JUDGMENT BY DEFAULT MAY BE RENDERED AGAINST YOU FOR THE MONEY OR OTHER THINGS DEMANDED IN THE COMPLAINT OR OTHER DOCUMENT.

TO ANY SHERIFF OR ANY PERSON AUTHORIZED BY THE ALABAMA RULES OF CIVIL PROCEDURE TO SERVE PROCESS:

☐ You are hereby commanded to serve this Summons and a copy of the Complaint or other document in this action upon the above-named Defendant. THOMAS E. REYNOLDS

☒ Service by certified mail of this Summons is initiated upon the written request of TRUSTEE
[Name(s)]
 pursuant to the Alabama Rules of the Civil Procedure.

3/3/2018 12:10:55 PM
(Date)
/s/ ANNE-MARIE ADAMS
(Signature of Clerk)
By:
(Name)

☒ Certified Mail is hereby requested. /s/ BILL DELONEY BENSINGER
(Plaintiffs/Attorney's Signature)

RETURN ON SERVICE

☐ Return receipt of certified mail received in this office on _____
(Date)

☐ I certify that I personally delivered a copy of this Summons and Complaint or other document to _____
 _____ in _____ County,
(Name of Person Served) (Name of County)

Alabama on _____
(Date)

(Type of Process Server)

(Server's Signature)

(Address of Server)

(Server's Printed Name)

(Phone Number of Server)

State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS - CIVIL -	Court Case Number 01-CV-2018-900889.00
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IN THE CIRCUIT COURT OF JEFFERSON COUNTY, ALABAMA
THOMAS E. REYNOLDS TRUSTEE V. BEHRMAN CAPITAL IV L.P. ET AL

NOTICE TO: JEFFREY S. WU, 210 EAST 15TH STREET APT 10JK, NEW YORK, NY 10003

 (Name and Address of Defendant)

THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S).
 BILL DELONEY BENSINGER

 (Name(s) of Attorney(s))

WHOSE ADDRESS(ES) IS/ARE: 505 North 20th Street, Suite 1800, BIRMINGHAM, AL 35203

 (Address(es) of Plaintiff(s) or Attorney(s))

THE ANSWER MUST BE MAILED OR DELIVERED WITHIN 30 DAYS AFTER THIS SUMMONS AND COMPLAINT OR OTHER DOCUMENT WERE SERVED ON YOU OR A JUDGMENT BY DEFAULT MAY BE RENDERED AGAINST YOU FOR THE MONEY OR OTHER THINGS DEMANDED IN THE COMPLAINT OR OTHER DOCUMENT.

TO ANY SHERIFF OR ANY PERSON AUTHORIZED BY THE ALABAMA RULES OF CIVIL PROCEDURE TO SERVE PROCESS:

☐ You are hereby commanded to serve this Summons and a copy of the Complaint or other document in this action upon the above-named Defendant. THOMAS E. REYNOLDS

☒ Service by certified mail of this Summons is initiated upon the written request of TRUSTEE
 pursuant to the Alabama Rules of the Civil Procedure. [Name(s)]

3/3/2018 12:10:55 PM /s/ ANNE-MARIE ADAMS By: _____
 (Date) (Signature of Clerk) (Name)

☒ Certified Mail is hereby requested. /s/ BILL DELONEY BENSINGER
(Plaintiff's/Attorney's Signature)

RETURN ON SERVICE

☐ Return receipt of certified mail received in this office on _____
(Date)

☐ I certify that I personally delivered a copy of this Summons and Complaint or other document to _____
 _____ in _____ County,
(Name of Person Served) (Name of County)

Alabama on _____
(Date)

 (Type of Process Server)

 (Server's Signature)

 (Address of Server)

 (Server's Printed Name)

 (Phone Number of Server)

State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS - CIVIL -	Court Case Number 01-CV-2018-900889.00
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IN THE CIRCUIT COURT OF JEFFERSON COUNTY, ALABAMA
 THOMAS E. REYNOLDS TRUSTEE V. BEHRMAN CAPITAL IV L.P. ET AL

NOTICE TO: 75. BEHRMAN BROTHERS MANAGEMENT CORPORATION, CORPORATION SERVICE COMPA 251 LITTLE FALLS DR.,
 WILMINGTON, DE 19808
(Name and Address of Defendant)

THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S),
 BILL DELONEY BENSINGER
(Name(s) of Attorney(s))

WHOSE ADDRESS(ES) IS/ARE: 505 North 20th Street, Suite 1800, BIRMINGHAM, AL 35203
(Address(es) of Plaintiff(s) or Attorney(s))

THE ANSWER MUST BE MAILED OR DELIVERED WITHIN 30 DAYS AFTER THIS SUMMONS AND COMPLAINT OR OTHER DOCUMENT WERE SERVED ON YOU OR A JUDGMENT BY DEFAULT MAY BE RENDERED AGAINST YOU FOR THE MONEY OR OTHER THINGS DEMANDED IN THE COMPLAINT OR OTHER DOCUMENT.

TO ANY SHERIFF OR ANY PERSON AUTHORIZED BY THE ALABAMA RULES OF CIVIL PROCEDURE TO SERVE PROCESS:

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☒ Service by certified mail of this Summons is initiated upon the written request of TRUSTEE
(Name(s))
 pursuant to the Alabama Rules of the Civil Procedure.

3/3/2018 12:10:55 PM
(Date)
/s/ ANNE-MARIE ADAMS
(Signature of Clerk)
By:
(Name)

☒ Certified Mail is hereby requested. /s/ BILL DELONEY BENSINGER
(Plaintiff's/Attorney's Signature)

RETURN ON SERVICE

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(Date)

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 _____ in _____ County,
(Name of Person Served) (Name of County)

Alabama on _____
(Date)

(Type of Process Server)

(Server's Signature)

(Address of Server)

(Server's Printed Name)

(Phone Number of Server)

State of Alabama
Unified Judicial System
Form C-34 Rev. 4/2017

SUMMONS
- CIVIL -

Court Case Number
01-CV-2018-900889.00

IN THE CIRCUIT COURT OF JEFFERSON COUNTY, ALABAMA
THOMAS E. REYNOLDS TRUSTEE V. BEHRMAN CAPITAL IV L.P. ET AL

NOTICE TO: MINTZ LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C., CORPORATION SERVICE COMPA 84 STATE STREET, BOSTON, MA 02109

(Name and Address of Defendant)

THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S),
BILL DELONEY BENSINGER

(Name(s) of Attorney(s))

WHOSE ADDRESS(ES) IS/ARE: 505 North 20th Street, Suite 1800, BIRMINGHAM, AL 35203

(Address(es) of Plaintiff(s) or Attorney(s))

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**TO ANY SHERIFF OR ANY PERSON AUTHORIZED BY THE ALABAMA RULES OF CIVIL
PROCEDURE TO SERVE PROCESS:**

- ☐ You are hereby commanded to serve this Summons and a copy of the Complaint or other document in this action upon the above-named Defendant. **THOMAS E. REYNOLDS**
☒ Service by certified mail of this Summons is initiated upon the written request of **TRUSTEE**
pursuant to the Alabama Rules of the Civil Procedure. (Name(s))

3/3/2018 12:10:55 PM

(Date)

/s/ ANNE-MARIE ADAMS

(Signature of Clerk)

By:

(Name)

- ☒ Certified Mail is hereby requested.

/s/ BILL DELONEY BENSINGER

(Plaintiff's/Attorney's Signature)

RETURN ON SERVICE

- ☐ Return receipt of certified mail received in this office on _____
(Date)
- ☐ I certify that I personally delivered a copy of this Summons and Complaint or other document to _____
_____ in _____ County,
(Name of Person Served) (Name of County)
- Alabama on _____
(Date)

(Type of Process Server)

(Server's Signature)

(Address of Server)

(Server's Printed Name)

(Phone Number of Server)



NOTICE TO CLERK

REQUIREMENTS FOR COMPLETING SERVICE BY
CERTIFIED MAIL OR FIRST CLASS MAIL

IN THE CIRCUIT COURT OF JEFFERSON COUNTY, ALABAMA
THOMAS E. REYNOLDS TRUSTEE V. BEHRMAN CAPITAL IV L.P. ET AL

01-CV-2018-000889.00

To: CLERK BIRMINGHAM
clerk.birmingham@alacourt.gov

TOTAL POSTAGE PAID: \$194.58

Parties to be served by Certified Mail - Return Receipt Requested

BEHRMAN CAPITAL IV L.P.
CORPORATION SERVICE COMPA
251 LITTLE FALLS DR.
WILMINGTON, DE 19808

Postage: \$8.46

BEHRMAN BROTHERS IV L.L.C.
CORPORATION SERVICE COMPA
251 LITTLE FALLS DR.
WILMINGTON, DE 19808

Postage: \$8.46

MIDCAP FINANCIAL INVESTMENT, LP
CORPORATION TRUST COMPANY
1209 ORANGE STREET
WILMINGTON, DE 19801

Postage: \$8.46

CORE AMERICAS/GLOBAL HOLDINGS, LP
CORPORATION TRUST COMPANY
1209 ORANGE STREET
WILMINGTON, DE 19801

Postage: \$8.46

CS STRATEGIC PARTNERS IV INVESTMENTS, LP
11 MADISON AVE
16TH FLOOR
NEW YORK, NY 10010

Postage: \$8.46

GLOBAL FUND PARTNERS II, LP
CORPORATION TRUST COMPANY
1209 ORANGE STREET
WILMINGTON, DE 19801

Postage: \$8.46

DOCUMENT 5

METLIFE INSURANCE COMPANY OF CONNECTICUT
ONE CITY PLACE
18TH FLOOR
HARTFORD, CT 06103

Postage: \$8.46

PORTFOLIO ADVISORS SECONDARY FUND, L.P.
COGENCY GLOBAL, INC.
850 NEW BURTON RD STE 201
DOVER, DE 19904

Postage: \$8.46

STEPSTONE PRIVATE EQUITY PARTNERS III L.P.
CORPORATION TRUST COMPANY
1209 ORANGE STREET
WILMINGTON, DE 19801

Postage: \$8.46

AMANDA ZEITLIN
11 DARBROOK ROAD
WESTPORT, CT 06880

Postage: \$8.46

GREG M. BEHRMAN
2717 NORTH STREET
FAIRFIELD, CT 06824

Postage: \$8.46

GREGORY J. CHIATE
18 CIBRIAN DRIVE
TIBURON, CA 94920

Postage: \$8.46

GARY DIEBER
10 HAWTHORNE AVE
PORT WASHINGTON, NY 11050

Postage: \$8.46

THE DOUGLAS E. BEHRMAN TRUST
ATTN: TRUSTEE
23 FAREWELL LANE
GREENWICH, CT 06831

Postage: \$8.46

MARK V. GRIMES
5 THOMPSON STREET
ANNAPOLIS, MD 21401

Postage: \$8.46

THE KIMBERLY E. BEHRMAN TRUST
ATTN: TRUSTEE
23 FAREWELL LANE
GREENWICH, CT 06831

Postage: \$8.46

DOCUMENT 5

SIMON LONERGAN

Postage: \$8.46

**18 GRAMERCY PARK SOUTH
UNIT 6
NEW YORK, NY 10003**

WILLIAM MATTES

Postage: \$8.46

**1665 INGLEWOOD AVE
ST. HELENA, CA 94574**

MICHAEL RAPPORT

Postage: \$8.46

**29 BONNETT AVE
LARCHMONT, NY 10538**

PRADYUT SHAH

Postage: \$8.46

**1333 DIAMOND STREET
SAN FRANCISCO, CA 94131**

JEFFREY S. WU

Postage: \$8.46

**210 EAST 15TH STREET
APT 10JK
NEW YORK, NY 10003**

75. BEHRMAN BROTHERS MANAGEMENT CORPORATION

Postage: \$8.46

**CORPORATION SERVICE COMPA
251 LITTLE FALLS DR.
WILMINGTON, DE 19808**

MINTZ LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C.

Postage: \$8.46

**CORPORATION SERVICE COMPA
84 STATE STREET
BOSTON, MA 02109**

Parties to be served by Certified Mail - Restricted Delivery - Return Receipt Requested

Parties to be served by First Class Mail

DOCUMENT 5

U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box and fee as appropriate)

☐ Return Receipt (hardcopy) \$ _____

☐ Return Receipt (electronic) \$ _____

☐ Certified Mail Restricted Delivery \$ _____

☐ Adult Signature Required \$ _____

☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Sender MSAFAC No., or PO Box No. _____

City, State, ZIP+4® _____

Postmark Here

SENDER'S COPY OF THIS RECEIPT

■ Complete items 1, 2, and 3.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. **BEHRMAN CAPITAL IV L.P.**
CORPORATION SERVICE COMPA
251 LITTLE FALLS DR.
WILMINGTON, DE 19808
01-CV-2018-900889.00
9590 9402 3461 7275 9050 43

2. Article Number (Transfer from service label)
7017 2400 0000 4441 7139

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

4. Signature
X ☐ Agent ☐ Addressee

5. Received by (Printed Name) _____

6. Date of Delivery _____

7. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below: _____

PS Form 3811, July 2015 PSN 7530-02-000-9083 Domestic Return Receipt

DOCUMENT 5

U.S. Postal Service
CERTIFIED MAIL RECEIPT

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
\$

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

Postmark Here

7017 2400 0000 4499 0137

RECEIVED BY ADDRESSEE SECTION

■ Complete items 1, 2, and 3.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. **BEHRMAN BROTHERS IV L.L.C.**
CORPORATION SERVICE COMPA
251 LITTLE FALLS DR.
WILMINGTON, DE 19808

01-CV-2018-900889.00

9590 8402 3461 7276 8050 29

2. *Article Number (Transfer from service label)*
7017 2400 0000 4499 0137

PS Form 3811, July 2016 PSN 7580-02-000-9083

Domestic Return Receipt

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) **C. Date of Delivery**

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:


E. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

DOCUMENT 5

7017 2400 0000 4499 0199

U.S. Postal Service CERTIFIED MAIL RECEIPT	
OFFICIAL USE	
Certified Mail Fee \$ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ <input type="checkbox"/> Return Receipt (electronic) \$ <input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="checkbox"/> Adult Signature Required \$ <input type="checkbox"/> Adult Signature Restricted Delivery \$ Postage \$ Total Postage and Fees \$ Sent To Street and Apt. No., or PO Box No. City, State, ZIP+4®	Postmark Here

■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	MIDCAP FINANCIAL INVESTMENT, LP CORPORATION TRUST COMPANY 1209 ORANGE STREET WILMINGTON, DE 19801 <i>S/c</i> <i>D-3</i> 01-CV-2018-900889.00  9590 9402 3461 7276 9061 95
? Indicia Number (Transfer from service label) 7017 2400 0000 4499 0199	PS Form 3811, July 2015 PSN 7505-02-000-9003

A. Signature X		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
E. Service Type <input type="checkbox"/> Add Signature <input type="checkbox"/> Add Signature Restricted Delivery <input type="checkbox"/> Certified Mail <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)		
<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery		

Domestic Return Receipt

DOCUMENT 5

U.S. Postal Service
CERTIFIED MAIL RECEIPT
PS Form 3811, July 2016 PSN 7530-02-000-6008

OFFICIAL USE

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee or appropriate)

☐ Return Receipt (hardcopy) \$ _____

☐ Return Receipt (electronic) \$ _____

☐ Certified Mail Restricted Delivery \$ _____

☐ Adult Signature Required \$ _____

☐ Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent to

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

Postmark Here

7017 2400 0000 4499 0205

1. Complete items 1, 2, and 3.

2. Print your name and address on the reverse so that we can return the card to you.

3. Attach this card to the back of the mailpiece, or on the front if space permits.

CORE AMERICAS/GLOBAL HOLDINGS, LP
CORPORATION TRUST COMPANY
1209 ORANGE STREET
WILMINGTON, DE 19801

01-CV-2018-900889.00

9590 9402 3461 7275 9070 47

2. Article Number (Transfer from service label)
7017 2400 0000 4499 0205

PS Form 3811, July 2016 PSN 7530-02-000-6008

A. Signature
X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

D. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Certified Mail

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™


☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

DOCUMENT 5

7017 2400 0000 4499 0212

U.S. Postal Service CERTIFIED MAIL RECEIPT	
OFFICIAL USE	
Certified Mail Fee <input type="checkbox"/> Return Receipt (hardcopy) <input type="checkbox"/> Return Receipt (electronic) <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Adult Signature Required <input type="checkbox"/> Adult Signature Restricted Delivery	Postmark Here
Postage Total Postage and Fees	
Sent to	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4®	

1. Complete items 1, 2, and 3. 2. Print your name and address on the reverse so that we can return the card to you. 3. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. CS STRATEGIC PARTNERS IV INVESTMENTS, LP 11 MADISON AVE 16TH FLOOR NEW YORK, NY 10010 01-CV-2018-900889.00  9590 9402 3481 7276 9070 30		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from service label) 7017 2400 0000 4499 0212		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
3. Article Number (Transfer from service label) 7017 2400 0000 4499 0212		E. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
PS Form 3811, July 2015 PSN 7550-02-000-9009		Domestic Return Receipt	

DOCUMENT 5

U.S. Postal Service
CERTIFIED MAIL RECEIPT

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent to

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

Postmark Here

7017 2400 0000 4499 0229

1. Complete items 1, 2, and 3.
2. Print your name and address on the reverse so that we can return the card to you.
3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. GLOBAL FUND PARTNERS II, LP
CORPORATION TRUST COMPANY
1208 ORANGE STREET
WILMINGTON, DE 19801

01-CV-2018-900889.00

8590 9402 3461 7276 9051 28

2. Article Number (Transfer from service label)
7017 2400 0000 4499 0229

PS Form 3811, July 2015 PSN 7530-02-000-9063

Domestic Return Receipt

A. Signature
X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

DOCUMENT 5

U.S. Postal Service
CERTIFIED MAIL RECEIPT

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
\$

Sent to

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

Postmark
New

7017 2400 0000 4499 0250

1. Complete items 1, 2, and 3.
2. Print your name and address on the reverse so that we can return the card to you.
3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. METLIFE INSURANCE COMPANY
OF CONNECTICUT
ONE CITY PLACE
18TH FLOOR
HARTFORD, CT 06103
01-CV-2018-900889.00
9590 9402 9461 7275 9051 06

2. Article Number (Transfer from service label)
7017 2400 0000 4499 0250

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) **C. Date of Delivery**


D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

P6 Form 3811, July 2015 PSN 7530-02-000-9035 **Domestic Return Receipt**

DOCUMENT 5

7017 2400 0000 4499 0267

U.S. Postal Service CERTIFIED MAIL RECEIPT	
OFFICIAL USE	
Certified Mail Fee Additional Services & Fees (print box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ <input type="checkbox"/> Return Receipt (electronic) \$ <input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="checkbox"/> Adult Signature Required \$ <input type="checkbox"/> Adult Signature Restricted Delivery \$ Postage \$ Total Postage and Fees \$ Sent To Street and Apt. No., or PO Box No. City, State, ZIP+4®	Postmark Here

■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery	
1. PORTFOLIO ADVISORS SECONDARY FUND, L.P. COGENCY GLOBAL, INC. 850 NEW BURTON RD STE 201 DOVER, DE 19904 01-CV-2018-900889.00  9590 9402 3461 7275 9051 59		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label) 7017 2400 0000 4499 0267		E. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail® <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
PS Form 3811, July 2015 PSN 7530-02-000-0093		Domestic Return Receipt	

DOCUMENT 5

U.S. Postal Service
CERTIFIED MAIL RECEIPT

7017 2400 0000 4499 0274

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

NAME and Apt. No., or PO Box No.

City, State, ZIP+4®

Postmark Here

1. Complete Items 1, 2, and 3.
2. Print your name and address on the reverse so that we can return the card to you.
3. Attach this card to the back of the mailpiece, open the front if space permits.

STEPSTONE PRIVATE EQUITY PARTNERS IN L.P.
CORPORATION TRUST COMPANY
1208 ORANGE STREET
WILMINGTON, DE 19801

01-CV-2018-900889.00

9590 9402 3461 7275 9051 42

2. Article Number (Provide only service label)
7017 2400 0000 4499 0274

3. Service Type

☒ Certified Mail

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

☒ Agent

☐ Addressee

B. Received by (Printed Name)


C. Date of Delivery

Is delivery address different from Item 1? ☐ Yes ☐ No

If delivery address below:

Domestic Return Receipt

PS Form 3811, July 2016 PSN 7530-02-000-9008

1. Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	
1. AMANDA ZEITLIN 11 DARBROOK ROAD WESTPORT, CT 06880	
01-CV-2018-900889.00  9590 9402 3461 7275 8055 79	
2. Article Number (Transfer from service label) 7017 2400 0000 4499 0281	
PS Form 3811, July 2015 PSN 7530-02-000-9033	

A. Signature X		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
B. Received by (Printed Name)	C. Date of Delivery		
D. Is delivery address different from Item 1? If YES, enter delivery address below:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery			<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery

DOCUMENT 5

U.S. Postal Service
CERTIFIED MAIL RECEIPT

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (Check box, and fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
\$

Sent to

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

Postmark
Here

7017 2400 0000 4499 0360

Complete items 1, 2, and 3.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article A
GREG M. BEHRMAN
2717 NORTH STREET
FAIRFIELD, CT 06824
S/c
D-11

01-CV-2018-900889.00

9590 9402 3481 7276 9055 31

2. Article Number (Transfer from service label)
7017 2400 0000 4499 0360

3. Service Type
☐ Add Signature
☐ Add Signature Restricted Delivery
☒ Certified Mail
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

A. Signature
X

B. Received by (Printed Name)

C. Date of Delivery


D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

PS Form 3811, July 2016 PSN 7530-02-000-9055 Domestic Return Receipt

DOCUMENT 5

7017 2400 0000 4499 0397

U.S. Postal Service CERTIFIED MAIL RECEIPT	
OFFICIAL USE	
Certified Mail Fee Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ <input type="checkbox"/> Return Receipt (electronic) \$ <input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="checkbox"/> Adult Signature Required \$ <input type="checkbox"/> Adult Signature Restricted Delivery \$	Postmark Here
Postage Total Postage and Fees	
Sent To	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4®	

SENDER'S COPY (To be retained by sender) ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		ADDRESSEE'S COPY (To be retained by addressee) A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article At GREGORY J. CHATE 18 CIBRIAN DRIVE TIBURON, CA 94020 01-CV-2018-900889.00  9590 9402 3461 7275 9055 24		B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7017 2400 0000 4499 0397		E. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2016 PSN 7530-02-000-9008		Domestic Return Receipt	

DOCUMENT 5

U.S. Postal Service
CERTIFIED MAIL RECEIPT

OFFICIAL USE

Certified Mail Fee \$

Additional Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Restricted Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

Postmark Here

7017 2400 0000 4499 0403

1. Complete items 1, 2, and 3.
2. Print your name and address on the reverse so that we can return the card to you.
3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. **GARY DIEBER**
10 HAWTHORNE AVE
PORT WASHINGTON, NY 11050

01-CV-2018-900889.00

9590 9402 3461 7275 9055 17

2. Article Number (Transfer from service label)
7017 2400 0000 4499 0403

PS Form 3811, July 2015 PSN 7530-02-000-9083

A. Signature
X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☒ Return Receipt for Hardcopy

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

DOCUMENT 5

U.S. Postal Service
CERTIFIED MAIL RECEIPT

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)

☐ Return Receipt (electronic)

☐ Certified Mail Restricted Delivery

☐ Adult Signature Required

☐ Adult Signature Restricted Delivery

Postage

Total Postage and Fees

Sent To

PSN and AZ No., or PO Box No.

City, State, ZIP+4®

7017 2400 0000 4499 0410

Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. THE DOUGLAS E. BEHRMAN TRUST
ATTN: TRUSTEE
23 FAREWELL LANE.
GREENWICH, CT 06831
01-CV-2018-900889.00
9590 9402 3461 7275 9055 00

2. Add-on Number (transfer from service label)
7017 2400 0000 4499 0410

3. Signature
X

4. Received by (Printed Name)

5. Date of Delivery

6. Is delivery address different from item 1? If YES, enter delivery address below:

7. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Certified Mail

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☒ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2016 PSN 7550-02-000-9008 Domestic Return Receipt

DOCUMENT 5

U.S. Postal Service
CERTIFIED MAIL RECEIPT

OFFICIAL USE

7017 2400 0000 4499 0427

Certified Mail Fee

Additional Services & Fees (attach fee, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

Total Postage and Fees

Postmark Here

Send To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

INSTRUCTIONS

■ Complete items 1, 2, and 3.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARK V. GRIMES
5 THOMPSON STREET
ANNAPOLIS, MD 21401

01-CV-2018-900889.00

9590 9402 3461 7275 9054 94

2. Article Number (Retrieve from service label)
7017 2400 0000 4499 0427

3. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

4. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Mailpiece
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2016 PSN 7530-02-000-9026

Domestic Return Receipt

DOCUMENT 5

U.S. Postal Service
CERTIFIED MAIL RECEIPT
For use with First-Class Mail®

OFFICIAL USE

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

Postmark Here

7017 2400 0000 4499 0434

1. Complete items 1, 2, and 3.
2. Print your name and address on the reverse so that we can return the card to you.
3. Attach this card to the back of the mailpiece, or on the front if space permits.

THE KIMBERLY E. BEHRMAN TRUST
ATTN: TRUSTEE
23 FAREWELL LANE
GREENWICH, CT 06831

01-CV-2018-900889.00

9590 8402 3461 7275 9054 87

2. Article Number (Transfer from service label)
7017 2400 0000 4499 0434

PS Form 3811, July 2015 PSN 7500-02-000-9005

A. Signature
X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

5. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery over \$500	

Domestic Return Receipt

DOCUMENT 5

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 PS Form 3811, July 2015 PSN 7530-02-000-9063

OFFICIAL USE

Postmark Here

Official Mail Fee

Extra Services & Fees (check box, add fee or amount)

☐ Return Receipt (hardcopy)

☐ Return Receipt (electronic)

☐ Certified Mail Restricted Delivery

☐ Adult Signature Required

☐ Adult Signature Restricted Delivery

Postage

Total Postage and Fees

Sent To

Official Mail No., GPM No.

City, State, ZIP+4®

Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Addressee

SIMON LONERGAN

18 GRAMERCY PARK SOUTH

UNIT 6

NEW YORK, NY 10003

01-CV-2018-900889.00

9590 9402 3481 7275 9054 70

2. Article Number (Transfer from sender label)

7017 2400 0000 4499 0441

3. Service Type

☒ Adult Signature

☒ Adult Signature Restricted Delivery

☒ Certified Mail

☒ Certified Mail Restricted Delivery

☒ Collect on Delivery

☒ Collect on Delivery Restricted Delivery

☒ Insured Mail

☒ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

A. Signature

X

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☒ Yes

If YES, enter delivery address below: ☐ No

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7530-02-000-9063

DOCUMENT 5

U.S. Postal Service
CERTIFIED MAIL RECEIPT

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)

☐ Return Receipt (electronic)

☐ Certified Mail Restricted Delivery

☐ Adult Signature Required

☐ Adult Signature Restricted Delivery & _____

Postage

Total Postage and Fees

Postmark Here

Serial No.

PS Form 3811, July 2015 PSN 7530-02-000-9069

Complete Items 1, 2, and 3.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article

WILLIAM MATTES
1665 INGLEWOOD AVE
ST. HELENA, CA 94574

01-CV-2018-900889.00

9590 9402 9461 7275 9054 63

2. Article Number (Transfer from service label)

7017 2400 0000 4499 0458

PS Form 3811, July 2015 PSN 7530-02-000-9069

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from Item 1? ☐ Yes
If YES, enter delivery address below ☐ No

E. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Certified Mail

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt by First-class®

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

DOCUMENT 5

U.S. Postal Service
CERTIFIED MAIL RECEIPT

OFFICIAL USE

7017 2400 0000 4499 0465

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$ _____

☐ Return Receipt (electronic) \$ _____

☐ Certified Mail Restricted Delivery \$ _____

☐ Adult Signature Required \$ _____

☐ Adult Signature Restricted Delivery \$ _____

Postage

Total Postage and Fees

Postmark Here

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

1. Attach to back of mailpiece

2. Complete items 1, 2, and 3.

3. Print your name and address on the reverse so that we can return the card to you.

4. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Recipient

MICHAEL RAPPORT

29 BONNETT AVE

LARCHMONT, NY 10538

01-CV-2018-900889.00

9590 9402 3481 7275 9054 56

2. Article Number (Transfer from service label)

7017 2400 0000 4499 0465

PS Form 3811, July 2015 PSN 7530-02-000-9089

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Certified Mail

☐ Certified Mail Restricted Delivery

☐ Collection on Delivery

☐ Collection on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

DOCUMENT 5

U.S. Postal Service
CERTIFIED MAIL RECEIPT

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)

☐ Return Receipt (electronic)

☐ Certified Mail Restricted Delivery

☐ Adult Signature Required

☐ Adult Signature Restricted Delivery

Postage

Total Postage and Fees

Postmark Here

Sent to

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

7017 2400 0000 4499 0472

Complete items 1, 2, and 3.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

1. Addressee

PRADYUT SHAH
1333 DIAMOND STREET
SAN FRANCISCO, CA 94131

01-CV-2018-900869.00

9560 9402 3461 7275 9054 49

2. Article Number (Transfer from service label)

7017 2400 0000 4499 0472

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☒ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

A. Signature

X

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

Domestic Return Receipt

PS Form 3811, July 2016 PSN 7580-02-000-9088

DOCUMENT 3

U.S. Postal Service
CERTIFIED MAIL RECEIPT

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$ _____

☐ Return Receipt (electronic) \$ _____

☐ Certified Mail Restricted Delivery \$ _____

☐ Adult Signature Required \$ _____

☐ Adult Signature Restricted Delivery \$ _____

Postage

Total Postage and Fees

Postmark

Sent To

PS Form 3811, July 2015 PSN 7530-02-000-9028

7017 2400 0000 4499 0489

1. Complete items 1, 2, and 3.
2. Print your name and address on the reverse so that we can return the card to you.
3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Recipient's Name and Address

JEFFREY S. WU
210 EAST 15TH STREET
APT 10JK
NEW YORK, NY 10003

56
D-2P

01-CV-2018-900889.00

9590 9402 3461 7275 9054 32

2. Addressee Information (Transfer from service label)

7017 2400 0000 4499 0489

PS Form 3811, July 2015 PSN 7530-02-000-9028

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery

☐ Priority Mail Express®
☐ Registered Mail®
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation®
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

DOCUMENT 5

U.S. Postal Service
CERTIFIED MAIL RECEIPT

OFFICIAL USE

Certified Mail Fee

Form Services & Fees (attach fee, add fee as appropriate)

☐ Return Receipt (hardcopy) \$ _____

☐ Return Receipt (electronic) \$ _____

☐ Certified Mail Restricted Delivery \$ _____

☐ Adult Signature Required \$ _____

☐ Adult Signature Restricted Delivery \$ _____

Postage

Total Postage and Fees

Postmark Here

Sent to

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

7017 2400 0000 4499 0496

Complete items 1, 2, and 3.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

75. BEHRMAN BROTHERS
MANAGEMENT CORPORATION
CORPORATION SERVICE COMPA
251 LITTLE FALLS DR.
WILMINGTON, DE 19806

01-CV-2018-900889.00

9590 9402 3451 7275 8054 25

2. Article Number (Transfer from service label)
7017 2400 0000 4499 0496

PS Form 3811, July 2015 PSN 7530-02-000-9055

A. Signature
X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail®

☐ Registered Mail Restricted Delivery

☒ Return Receipt for Mailpiece

☐ Signature Confirmation®

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

DOCUMENT 5

7017 2400 0000 4499 0502

U.S. Postal Service CERTIFIED MAIL RECEIPT	
OFFICIAL USE	
Certified Mail Fee \$ _____ Return Receipt (hardcopy) \$ _____ Return Receipt (electronic) \$ _____ Certified Mail Restricted Delivery \$ _____ Adult Signature Required \$ _____ Adult Signature Restricted Delivery \$ _____	Postmark Here
Postage \$ _____ Total Postage and Fees \$ _____	
Sent to Recipient and Apt. No., or PO Box No. City, State, ZIP+4®	

■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. MINTZ LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C. CORPORATION SERVICE COMPA 84 STATE STREET BOSTON, MA 02109 01-CV-2018-900889.00 9590 9402 3481 7275 9054 18		B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7017 2400 0000 4499 0502		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail® <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation® <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9085		Domestic Return Receipt	

DOCUMENT 6

State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS -CIVIL-	Court Case Number 01-CV-2018-900889.00
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IN THE CIRCUIT COURT OF JEFFERSON COUNTY, ALABAMA
(Circuit, District, or Juvenile) (Name of County)

Thomas B. Reynolds as Trustee v. Behrman Capital IV LP, et al.
(Name(s) of Plaintiff(s)) (Name(s) of Defendant(s))

NOTICE TO: AXA Primary Fund America IV, LP, 50 Lothian Road, Festival Square, Edinburgh EH3 9WJ
(Name and Address of Defendant)

THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S), Bill D. Bensinger, WHOSE
(Name(s) of Attorney(s))

ADDRESS(ES) IS/ARE: Christian & Small LLP, 505 20th Street North, Suite 1800
Birmingham, Alabama 35203
(Address(es) of Plaintiff(s) or Attorney(s))

THIS ANSWER MUST BE MAILED OR DELIVERED WITHIN 30 DAYS AFTER THIS SUMMONS AND COMPLAINT OR OTHER DOCUMENT WERE SERVED ON YOU OR A JUDGMENT BY DEFAULT MAY BE RENDERED AGAINST YOU FOR THE MONEY OR OTHER THINGS DEMANDED IN THE COMPLAINT OR OTHER DOCUMENT.

TO ANY SHERIFF OR ANY PERSON AUTHORIZED BY THE ALABAMA RULES OF CIVIL PROCEDURE TO SERVE PROCESS:

☐ You are hereby commanded to serve this Summons and a copy of the Complaint or other document in this action upon the above-named Defendant.

☐ Service by certified mail of this Summons is initiated upon the written request of _____
(Name(s))

pursuant to the Alabama Rules of Civil Procedure. MAR 12 2018 By: Anne Marie Adams
(Date) (Signature of Clerk) (Name)

☒ Certified Mail is hereby requested. (Plaintiff's/Attorney's Signature)

FILED IN OFFICE
 CIRCUIT CIVIL DIVISION
 MAR 06 2018
 ANNE-MARIE ADAMS
 CLERK

RETURN ON SERVICE


☐ Return receipt of certified mail received in this office on _____
(Date)

☐ I certify that I personally delivered a copy of this Summons and Complaint or other document to _____
(Name of Person Served) in _____ County,
 Alabama on _____
(Date)

(Type of Process Server) (Server's Signature) (Address of Server)

(Server's Printed Name) (Phone Number of Server)

DOCUMENT 6

Completed by the office of origin. (À remplir par le bureau d'origine.)	Item Description (Noms de l'envoi) <input type="checkbox"/> Registered Parcel (Service recommandé) <input type="checkbox"/> Insured Parcel (Colis avec valeur déclarée)	
	Air Mail Number (Numéro d'air) 93790179 US	Insured Value (Valeur déclarée)
Completed at destination. (À compléter à destination.)	Office of Mailing (Bureau de dépôt)	
	Date of Posting (Date de dépôt)	
	To (raison sociale du destinataire) AXA PRIMARY FUND AMERICA IV, LP 50 LOTHIAN ROAD, FESTIVAL SQUARE EDINBURGH, EH3 9WJ	
	CV-2013-900839 D-24	
This form must be filled in by the addressee or the person authorized to sign under the responsibility of the addressee or the person authorized to sign under the responsibility of the addressee. The signed form will be returned to the sender by the National Post Office. Ce formulaire doit être rempli par le destinataire ou par une personne y autorisée ou sous des signatures de personnes de destination, ou d'un agent autorisé par l'agent du bureau de destination, et renvoyé par la poste vers le bureau d'origine.	Signature of Postmaster (Signature du bureau de destination)	Date
	Signature of Addressee (Signature du destinataire)	
		
PS Form 2836, July 2013 (Reverse) PSN 7530-01-000-9775		

FILED IN OFFICE
CIRCUIT CIVIL DIVISION
MAR 06 2018
ANNE-MARIE ADAMS
CLERK

DOCUMENT 6

<input type="checkbox"/> Registered Parcel (Parcel enregistré)		<input checked="" type="checkbox"/> Registered Parcel (Cade avec valeur déclarée)	
Parcel Number (Numéro d'envoi) RA183790165 US		Declared Value (Valeur déclarée)	
Origin of Mailing (Origine de l'envoi)		Date of Posting (Date de dépôt)	
AXA PRIVATE CAPITAL I, LP 50 LOTHIAN ROAD, FESTIVAL SQUARE EDINBURG, EH3 9WJ		Waples (Canada du destinataire) 57C CV-2018-900789 D-05	
Signature of Addressee (Signature du destinataire)		Signature of Addressee (Signature du destinataire)	
Post Office Mark, July 2012 (Revenue) PEN 7055-01-000-6772		Canada Green Parcel (Canada)	

DOCUMENT 6

State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS -CIVIL-	Court Case Number 01-CV-2018-900889.00
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IN THE CIRCUIT COURT OF JEFFERSON COUNTY, ALABAMA
(Circuit, District, or Juvenile) (Name of County)

Thomas E. Reynolds as Trustee v. Behrman Capital IV LP, et al.
(Name(s) of Plaintiff(s)) (Name(s) of Defendant(s))

NOTICE TO: Varma Mutual Pension Insurance Company, Annankatu 18, P. O. Box 4, Helsinki, Finland
(Name and Address of Defendant)

THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S). Bill D. Bensinger, WHOSE
(Name(s) of Attorney(s))

ADDRESS(ES) IS/ARE: Christian & Small LLP, 505 20th Street North, Suite 1800
Birmingham, Alabama 35203
(Address(es) of Plaintiff(s) or Attorney(s))

THIS ANSWER MUST BE MAILED OR DELIVERED WITHIN 30 DAYS AFTER THIS SUMMONS AND COMPLAINT OR OTHER DOCUMENT WERE SERVED ON YOU OR A JUDGMENT BY DEFAULT MAY BE RENDERED AGAINST YOU FOR THE MONEY OR OTHER THINGS DEMANDED IN THE COMPLAINT OR OTHER DOCUMENT.

TO ANY SHERIFF OR ANY PERSON AUTHORIZED BY THE ALABAMA RULES OF CIVIL PROCEDURE TO SERVE PROCESS:

☐ You are hereby commanded to serve this Summons and a copy of the Complaint or other document in this action upon the above-named Defendant.

☐ Service by certified mail of this Summons is initiated upon the written request of _____
(Name(s))

pursuant to the Alabama Rules of Civil Procedure. Anne Marie Adams By: _____
(Date) (Signature of Clerk) (Name)

☒ Certified Mail is hereby requested. _____
(Plaintiff's/Attorney's Signature)

FILED IN OFFICE
 CIRCUIT CIVIL DIVISION
 MAR 06 2018
 ANNE-MARIE ADAMS
 CLERK

RETURN ON SERVICE


☐ Return receipt of certified mail received in this office on _____
(Date)

☐ I certify that I personally delivered a copy of this Summons and Complaint or other document to _____
(Name of Person Served) in _____ County,
 Alabama on _____
(Date)

(Type of Process Server) (Server's Signature) (Address of Server)

(Server's Printed Name) (Phone Number of Server)

DOCUMENT 6

Completed by the office of origin (Remplir par le bureau d'origine)	Item Description (Nature de l'envoi)		<input checked="" type="checkbox"/> Registered Article (Envoi recommandé)	<input type="checkbox"/> Insured Parcel (Colis avec valeur déclarée)
	Article Number (Numéro d'article) KA183790134 US		Insured Value (Valeur déclarée)	
	Office of Mailing (Bureau de dépôt)		Date of Posting (Date de dépôt)	
Completed by the office of destination (Remplir par le bureau de destination)	Address of Recipient (Adresse du destinataire) VARMA MUTUAL PENSION INS. CO. ANNANKATU 18, P.O. BOX 4 HELSINKI, FINLAND			
	CV 9078-900889 D-31			
	<p>The sender certifies that: (1) the contents of the enclosed are as described on the face of this form; or (2) the contents are as described on the back of this form. The sender may not be exempted from this duty by the fact that the contents are not insured or that the sender is not a resident of the United States.</p> <p>Le déclarant certifie que: (1) le contenu de l'envoi est tel qu'il est décrit sur la face de ce formulaire; ou (2) le contenu de l'envoi est tel qu'il est décrit sur le verso de ce formulaire. Le déclarant ne peut être exempté de cette obligation par le fait que le contenu n'est pas assuré ou que le déclarant n'est pas résident des États-Unis.</p>			
Signature of Destination Employee (Signature de l'agent du bureau de destination)		Date		
Signature of Addressee (Signature du destinataire)				

PS Form 2835, July 2013 (Revisee) PSN 7530-01-000-5775 (United States Postal Service)

DOCUMENT 6

State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS -CIVIL-	Court Case Number 01-CV-2018-900889.00
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IN THE CIRCUIT COURT OF JEFFERSON COUNTY, ALABAMA
(Circuit, District, or Juvenile) (Name of County)

Thomas E. Reynolds as Trustee v. Behrman Capital IV L.P, et al.
(Name(s) of Plaintiff(s)) (Name(s) of Defendant(s))

NOTICE TO: Stepstone Private Equity Partners III Cayman Holdings LP, Maples Corporate Services Limited, P. O. Box 309, Ugland House, South Church Street, Cayman Islands
(Name and Address of Defendant)

THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S), Bill D. Bensinger, WHOSE
(Name(s) of Attorney(s))

ADDRESS(ES) IS/ARE: Christian & Small LLP, 505 20th Street North, Suite 1800
Birmingham, Alabama 35203
(Address(es) of Plaintiff(s) or Attorney(s))

THIS ANSWER MUST BE MAILED OR DELIVERED WITHIN 30 DAYS AFTER THIS SUMMONS AND COMPLAINT OR OTHER DOCUMENT WERE SERVED ON YOU OR A JUDGMENT BY DEFAULT MAY BE RENDERED AGAINST YOU FOR THE MONEY OR OTHER THINGS DEMANDED IN THE COMPLAINT OR OTHER DOCUMENT.

TO ANY SHERIFF OR ANY PERSON AUTHORIZED BY THE ALABAMA RULES OF CIVIL PROCEDURE TO SERVE PROCESS:

☐ You are hereby commanded to serve this Summons and a copy of the Complaint or other document in this action upon the above-named Defendant.

☐ Service by certified mail of this Summons is initiated upon the written request of _____ (Name(s))
 pursuant to the Alabama Rules of Civil Procedure. *Anne Marie Adams* By: _____
MAR 12 2018 (Date) (Signature of Clerk) (Name)

☒ Certified Mail is hereby requested. _____ (Plaintiff's/Attorney's Signature)

RETURN ON SERVICE	FILED IN OFFICE CIRCUIT CIVIL DIVISION MAR 06 2018 ANNE-MARIE ADAMS CLERK
--------------------------	--

☐ Return receipt of certified mail received in this office on _____ (Date)

☐ I certify that I personally delivered a copy of this Summons and Complaint or other document to _____ in _____ County, Alabama on _____.
(Name of Person Served) (Name of County) (Date)

_____ (Type of Process Server) _____ (Server's Signature) _____ (Address of Server)
_____ (Server's Printed Name) _____ (Phone Number of Server)

DOCUMENT 6

Completed by the office of origin. (À remplir par le bureau d'origine.)	Item Description (Nature de l'envoi)		<input checked="" type="checkbox"/> Registered Article (Envoi recommandé)	<input type="checkbox"/> Insured Parcel (Colis avec valeur déclarée)
	Article Number (Numéro d'article) RA18379014845		Insured Value (Valeur déclarée)	
	Office of Mailing (Bureau de dépôt)		Date of Posting (Date de dépôt)	
Completed at destination. (À remplir à destination.)	STEPSTONE PRIVATE EQUITY PARTNERS, CAYMAN HOLDINGS LP. MAPLES CORP. SVCS LTD. P.O. BOX 309 UGLAND HOUSE, SO. CHURCH ST. CAYMAN ISLANDS		au raison sociale du destinataire) S/C CV-2018 900889-D-29	
	This receipt must be signed by: (1) the addressee; or, (2) a person authorized to sign under the regulations of the country of destination; or, (3) a person authorized to sign under the regulations of the country of origin. This signed form will be returned to the sender by the first mail. (Ce reçu doit être signé par le destinataire ou par une personne y autorisée en vertu des règlements du pays de destination, ou, si ces règlements le permettent, par l'agent du bureau de destination, et renvoyé par le premier courrier directement à expéditeur.)			
	Office of Destination Employee Signature (Signature de l'agent du bureau de destination)		Date	
	Signature of Addressee (Signature du destinataire)		Postmark of the office of destination (Timbre du bureau de destination) 	

PS Form 2885, July 2013 (Reverse) PSN 7530-01-000-8775


United States Postal Service®

**FILED IN OFFICE
CIRCUIT CIVIL DIVISION**

MAR 06 2018

**ANNE-MARIE ADAMS
CLERK**

DOCUMENT 6

Completed by the office of origin. (A remplir par le bureau d'origine.)	Item Description (Nature de l'envoi)		<input checked="" type="checkbox"/> Registered Article (Envoi recommandé)	<input type="checkbox"/> Insured Parcel (Colis avec valeur déclarée)
	Article Number (Numéro d'article) RA 183790151US		Insured Value (Valeur déclarée)	
	Office of Mailing (Bureau de dépôt)		Date of Posting (Date de dépôt)	
Completed at destination. (A compléter à destination.)	PE HOLDING USD GMBH, SITZ der GESELLSCHAFT, ARNOLDPLATZ 1 50969 KOLN AMTSGERICHT KOLN, HRB62211		au raison sociale du destinataire SK CV-2018-900889 D-28	
	This receipt must be signed by: (1) the addressee, or (2) a person authorized to sign under the regulations of the country of destination, or (3) if these regulations so provide, by the employee of the office of destination. This signed item will be returned to the sender by the first mail. (Ce reçu doit être signé par le destinataire ou par une personne y autorisée ou, sous des règlements du pays de destination, ou, si ces règlements le permettent, par l'agent du bureau de destination, et renvoyé par la première occasion directionnellement à expéditeur.)			
	Office of Destination Employee Signature (Signature de l'agent du bureau de destination)		Date	
	Signature of Addressee (Signature du destinataire)		Postmark of the office of destination (Timbre du bureau de destination) 	

PS Form 2865, July 2013 (Reverse) PSN 7530-01-000-9775

United States Postal Service®

DOCUMENT 6

State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS -CIVIL-	Court Case Number 01-CV-2018-900889.00
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IN THE CIRCUIT COURT OF JEFFERSON COUNTY, ALABAMA
(Circuit, District, or Juvenile) (Name of County)

Thomas E. Reynolds as Trustee v. Behrman Capital IV LP, et al.

(Name(s) of Plaintiff(s)) ASF III Blucnote Limited, Axtec Financial Services (Jersey) Limited, 11-15, Seaton Place, St. Helier
(Name(s) of Defendant(s)) JE4 0QH, United Kingdom

NOTICE TO: (Name and Address of Defendant)

THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S), Bill D. Bensinger, WHOSE
(Name(s) of Attorney(s))

ADDRESS(ES) IS/ARE: Christian & Small LLP, 505 20th Street North, Suite 1800
Birmingham, Alabama 35203
(Address(es) of Plaintiff(s) or Attorney(s))

THIS ANSWER MUST BE MAILED OR DELIVERED WITHIN 30 DAYS AFTER THIS SUMMONS AND COMPLAINT OR OTHER DOCUMENT WERE SERVED ON YOU OR A JUDGMENT BY DEFAULT MAY BE RENDERED AGAINST YOU FOR THE MONEY OR OTHER THINGS DEMANDED IN THE COMPLAINT OR OTHER DOCUMENT.

TO ANY SHERIFF OR ANY PERSON AUTHORIZED BY THE ALABAMA RULES OF CIVIL PROCEDURE TO SERVE PROCESS:

☐ You are hereby commanded to serve this Summons and a copy of the Complaint or other document in this action upon the above-named Defendant.

☐ Service by certified mail of this Summons is initiated upon the written request of _____
(Name(s))
 pursuant to the Alabama Rules of Civil Procedure. MAR 12 2018 By: _____
(Date) (Signature of Clerk) (Name)

☒ Certified Mail is hereby requested. _____
(Plaintiff's/Attorney's Signature)

FILED IN OFFICE
 CIRCUIT CIVIL DIVISION
 MAR 06 2018
 ANNE-MARIE ADAMS
 CLERK

RETURN ON SERVICE

☐ Return receipt of certified mail received in this office on _____
(Date)

☐ I certify that I personally delivered a copy of this Summons and Complaint or other document to _____
(Name of Person Served) in _____ County,
 Alabama on _____
(Date)

(Type of Process Server) _____ (Server's Signature) _____ (Address of Server) _____

(Server's Printed Name) _____ (Phone Number of Server) _____

DOCUMENT 6

Completed by the office of origin. (À remplir par le bureau d'origine.)	Item Description (Nature de l'envoi)		<input checked="" type="checkbox"/> Registered Article (Envoi recommandé)	<input type="checkbox"/> Insured Parcel (Colis avec valeur déclarée)
	Article Number (Numéro d'article) RA 183 790 182 US		Insured Value (Valeur déclarée)	
	Office of Mailing (Bureau de dépôt)		Date of Posting (Date de dépôt)	
Completed at destination. (À compléter à destination.)	ASF III BLUENOTE LTD. AXTEC FINANCIAL SVCS (JERSEY) LTD. 11-15 SEATON PLACE ST. HELIER JE4 0QH UNITED KINGDOM		au raison sociale du destinataire) S/C CV 2018 900889 D-32	
	This receipt must be signed by: (1) the addressee; or, (2) a person authorized to sign under the regulations of the country of destination; or, (3) if these regulations so provide, by the employee of the office of destination. This signed form will be returned to the sender by the first mail. (Ce récépissé doit être signé par le destinataire ou par une personne y autorisée ou par un employé du bureau de destination ou, si ces règlements le permettent, par l'agent du bureau de destination. Il sera renvoyé par la première courrier directionnel à expédier.)			
	Office of Destination Employee Signature (Signature de l'agent du bureau de destination)		Date	
Signature of Addressee (Signature du destinataire)				

PS Form 2885, July 2013 (Reverse) PSN 7530-01-000-9775

UNITED STATES POSTAL SERVICE®

DOCUMENT 6

State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS -CIVIL-	Court Case Number 01-CV-2018-900889.00
--	----------------------------------	---

IN THE CIRCUIT COURT OF JEFFERSON COUNTY, ALABAMA
(Circuit, District, or Juvenile) (Name of County)

Thomas E. Reynolds as Trustee v. Behrman Capital IV LP, et al.

(Name(s) of Plaintiff(s)) (Name(s) of Defendant(s))
 Partners Group Global Opportunities Subholding Limited, Tudor House, 2nd Floor, LeBordage,
 St. Peter Port, Guernsey GY1 1BT

NOTICE TO: St. Peter Port, Guernsey GY1 1BT
(Name and Address of Defendant)

THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S), Bill D. Bensinger, WHOSE
(Name of Attorney(s))

ADDRESS(ES) IS/ARE: Christian & Small LLP, 505 20th Street North, Suite 1800
Birmingham, Alabama 35203
(Address(es) of Plaintiff(s) or Attorney(s))

THIS ANSWER MUST BE MAILED OR DELIVERED WITHIN 30 DAYS AFTER THIS SUMMONS AND COMPLAINT OR OTHER DOCUMENT WERE SERVED ON YOU OR A JUDGMENT BY DEFAULT MAY BE RENDERED AGAINST YOU FOR THE MONEY OR OTHER THINGS DEMANDED IN THE COMPLAINT OR OTHER DOCUMENT.

TO ANY SHERIFF OR ANY PERSON AUTHORIZED BY THE ALABAMA RULES OF CIVIL PROCEDURE TO SERVE PROCESS:

☐ You are hereby commanded to serve this Summons and a copy of the Complaint or other document in this action upon the above-named Defendant.

☐ Service by certified mail of this Summons is initiated upon the written request of Ann Marie Adams
(Name(s))
 pursuant to the Alabama Rules of Civil Procedure. MAR 12 2018 By: _____
(Date) (Signature of Clerk) (Name)

☒ Certified Mail is hereby requested. _____
(Plaintiff's/Attorney's Signature)

FILED IN OFFICE
 CIRCUIT CIVIL DIVISION
 MAR 06 2018
 ANNE-MARIE ADAMS
 CLERK

RETURN ON SERVICE

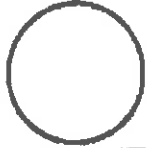
☐ Return receipt of certified mail received in this office on _____
(Date)

☐ I certify that I personally delivered a copy of this Summons and Complaint or other document to _____
(Name of Person Served) in _____ County,
 Alabama on _____
(Date)

(Type of Process Server) (Server's Signature) (Address of Server)

(Server's Printed Name) (Phone Number of Server)

DOCUMENT 6

Completed by the office of origin. (A remplir par le bureau d'origine.)	Item Description (Nature de l'envoi)		<input checked="" type="checkbox"/> Registered Article (Envoi recommandé)	<input type="checkbox"/> Insured Parcel (Colis avec valeur déclarée)
	Article Number (Numéro d'article) RA 183790205US		Insured Value (Valeur déclarée)	
	Office of Mailing (Bureau de dépôt)		Date of Posting (Date de dépôt)	
	PARTNERS GROUP GLOBAL OPPORTUNITIES SUBHOLDING LTD. TUDOR HOUSE, 2ND FL, LE BORDAGE ST. PETER PORT, GUERNSEY, GY1 1HT		au raison sociale du destinataire 3/c CV 2018-900889 D-27	
Completed at destination. (A compléter à destination.)	This receipt must be signed by: (1) the addressee; or, (2) a person authorized to sign under the regulations of the country of destination; or, (3) if those regulations so provide, by the employee of the office of destination. This signed form will be returned to the sender by the first mail. (Ce avis doit être signé par le destinataire ou par une personne y autorisée ou par le représentant du pays de destination, ou, si ces règlements le permettent, par l'agent du bureau de destination, et renvoyé par le premier courrier déclenchant à expédition.)			Postmark of the office of destination (Timbre du bureau de destination) 
	Office of Destination Employee Signature (Signature de l'agent du bureau de destination)		Date	
	Signature of Addressee (Signature du destinataire)			

PS Form 2865, July 2013 (Reverse) PSN 7530-01-000-9775

L'Union des Postes, Service®

DOCUMENT 6

State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS -CIVIL-	Court Case Number 01-CV-2018-900889.00
--	----------------------------	---

IN THE CIRCUIT COURT OF JEFFERSON COUNTY, ALABAMA
(Circuit, District, or Juvenile) (Name of County)

Thomas E. Reynolds as Trustee v. Behrman Capital IV LP, et al.
(Name(s) of Plaintiff(s)) (Name(s) of Defendant(s))

Partners Group Direct Investments 2006, LP, Tudor House, 2nd Floor, Le Bordaige,
St. Peter Port, Guernsey GY1 1BT
(Name and Address of Defendant)

NOTICE TO:

THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S), Bill D. Bonsinger, WHOSE
(Name(s) of Plaintiff(s)) (Name(s) of Attorney(s))

ADDRESS(ES) IS/ARE: Christian & Small LLP, 505 20th Street North, Suite 1800
Birmingham, Alabama 35203
(Address(es) of Plaintiff(s) or Attorney(s))

THIS ANSWER MUST BE MAILED OR DELIVERED WITHIN 30 DAYS AFTER THIS SUMMONS AND COMPLAINT OR OTHER DOCUMENT WERE SERVED ON YOU OR A JUDGMENT BY DEFAULT MAY BE RENDERED AGAINST YOU FOR THE MONEY OR OTHER THINGS DEMANDED IN THE COMPLAINT OR OTHER DOCUMENT.

TO ANY SHERIFF OR ANY PERSON AUTHORIZED BY THE ALABAMA RULES OF CIVIL PROCEDURE TO SERVE PROCESS:

☐ You are hereby commanded to serve this Summons and a copy of the Complaint or other document in this action upon the above-named Defendant.

☐ Service by certified mail of this Summons is initiated upon the written request of _____ (Name(s))
 pursuant to the Alabama Rules of Civil Procedure. *Anne Marie Adams* By: _____
(Date) (Signature of Clerk) (Name)

☒ Certified Mail is hereby requested. _____
(Plaintiff's/Attorney's Signature)

FILED IN OFFICE
 CIRCUIT CIVIL DIVISION
 MAR 06 2018
 ANNE-MARIE ADAMS
 CLERK

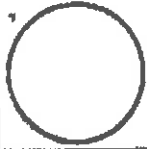
RETURN ON SERVICE

☐ Return receipt of certified mail received in this office on _____ (Date)

☐ I certify that I personally delivered a copy of this Summons and Complaint or other document to _____ in _____ County,
(Name of Person Served) (Name of County)
 Alabama on _____,
(Date)

_____ (Type of Process Server) _____ (Server's Signature) _____ (Address of Server)
_____ (Server's Printed Name) _____ (Phone Number of Server)

DOCUMENT 6

Completed by the office of origin. (À remplir par le bureau d'origine.)	Item Description (Nature de l'envoi)		<input checked="" type="checkbox"/> Registered Article (Envoi recommandé)	<input type="checkbox"/> Insured Parcel (Colis avec valeur déclarée)
	Article Number (Numéro d'article) KA 183790219 US		Insured Value (Valeur déclarée)	
	Office of Mailing (Bureau de dépôt)		Date of Posting (Date de dépôt)	
Completed at destination. (À compléter à destination.)	Partners Group Direct Investments 2006, LP. Tudor House, 2nd Fl Le Bordaige St. Peter Port, Guernsey GY1 1BT			
	ou raison sociale du destinataire SK CV-2018-900889-D-26			
	This receipt must be signed by: (1) the addressee or, (2) a person authorized to sign under the regulations of the country of destination; or, (3) B These regulations as provided, by the employee of the office of destination. This signed form will be returned to the sender by the first mail. (Cet avis doit être signé par le destinataire ou par une personne y autorisée en vertu des règlements du pays de destination, ou, si ces règlements le permettent, par l'agent du bureau de destination, et renvoyé par le premier courrier directement à expédier.)			
Office of Destination Employee Signature (Signature de l'agent du bureau de destination)		Date		Postmark of the office of destination (Timbre du bureau de destination) 
Signature of Addressee (Signature du destinataire)				

PS Form 2885, July 2013 (Reverse) PSN 7530-01-000-9776

United States Postal Service®

DOCUMENT 6

State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS -CIVIL-	Court Case Number 01-CV-2018-900889.00
--	----------------------------	---

IN THE _____ CIRCUIT COURT OF _____ JEFFERSON COUNTY, ALABAMA
(Circuit, District, or Juvenile) (Name of County)

Thomas B. Reynolds as Trustee v. Berhman Capital IV LP, et al.
(Name(s) of Plaintiff(s)) (Name(s) of Defendant(s))

NOTICE TO: The Governor and Company of the Bank of Ireland, 40 Mespil Road, Dublin Ireland
(Name and Address of Defendant)

THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S).

Bill D. Bensiner
(Name(s) of Attorney(s))

ADDRESS(ES) IS/ARE: Christian & Small LLP, 505 20th Street North, Suite 1800
 Birmingham, AL 35203
(Address(es) of Plaintiff(s) or Attorney(s))

THIS ANSWER MUST BE MAILED OR DELIVERED WITHIN 30 DAYS AFTER THIS SUMMONS AND COMPLAINT OR OTHER DOCUMENT WERE SERVED ON YOU OR A JUDGMENT BY DEFAULT MAY BE RENDERED AGAINST YOU FOR THE MONEY OR OTHER THINGS DEMANDED IN THE COMPLAINT OR OTHER DOCUMENT.

TO ANY SHERIFF OR ANY PERSON AUTHORIZED BY THE ALABAMA RULES OF CIVIL PROCEDURE TO SERVE PROCESS:

☐ You are hereby commanded to serve this Summons and a copy of the Complaint or other document in this action upon the above-named Defendant.

☒ Service by certified mail of this Summons is initiated upon the written request of _____
(Name(s))

pursuant to the Alabama Rules of Civil Procedure. Ann Marie Adams By: _____
(Signature of Clerk) (Name)

MAR 13 2018
(Date)

☐ Certified Mail is hereby requested. _____
(Plaintiff's/Attorney's Signature)

FILED IN OFFICE
 CIRCUIT CIVIL DIVISION
 MAR 13 2018
 ANNE-MARIE ADAMS
 CLERK

RETURN ON SERVICE


☐ Return receipt of certified mail received in this office on _____
(Date)

☐ I certify that I personally delivered a copy of this Summons and Complaint or other document to _____
(Name of Person Served) in _____ County,
 Alabama on _____
(Date)

(Type of Process Server) _____
(Server's Signature) _____
(Address of Server)

(Server's Printed Name) _____
(Phone Number of Server)

DOCUMENT 6

Completed by the office of origin. (A remplir par le bureau d'origine.)	Item Description (Nature de l'envoi)		<input checked="" type="checkbox"/> Registered Article (Envoi recommandé)	<input type="checkbox"/> Insured Parcel ¹ (Colis avec valeur déclarée)
	Article Number (Numéro d'article) RA183790196US		Insured Value (Valeur déclarée)	
	Office of Mailing (Bureau de dépôt)		Date of Posting (Date de dépôt)	
Completed at destination. (A compléter à destination.)	The Governor and Company of the Bank of Ireland 40 Mespil Road Dublin, Ireland		au raison sociale du destinataire) S/c CV-2018-900889-D-3D	
	This receipt must be signed by: (1) the addressee; or, (2) a person authorized to sign under the regulations of the country of destination; or, (3) if those regulations so provide, by the employee of the office of destination. This signed form will be returned to the sender by the first mail. Cet avis doit être signé par le destinataire ou par une personne y autorisée en vertu des règlements du pays de destination, ou, si ces règlements le permettent, par l'agent du bureau de destination, et renvoyé par le premier courrier directement à l'expéditeur.			
	Office of Destination Employee Signature (Signature de l'agent du bureau de destination)		Date	
Signature of Addressee (Signature du destinataire)				

PS Form 2865, July 2013 (Reverse) PSN 7530-01-000-9775

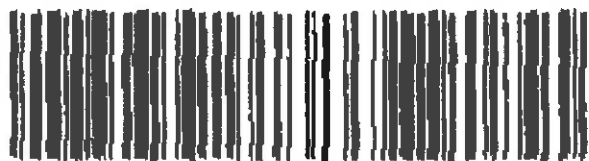
United States Postal Service®

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. 75. BEHRMAN BROTHERS
MANAGEMENT CORPORATION
CORPORATION SERVICE COMPA
251 LITTLE FALLS DR.
WILMINGTON, DE 19808

01-CV-2018-900889.00



9590 9402 3461 7275 9054 25

2. Article Number (Transfer from service label)

7017 2400 0000 4499 0496

COMPLETE THIS SECTION ON DELIVERY

A. Signature

William Colley

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery
(over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted
Delivery

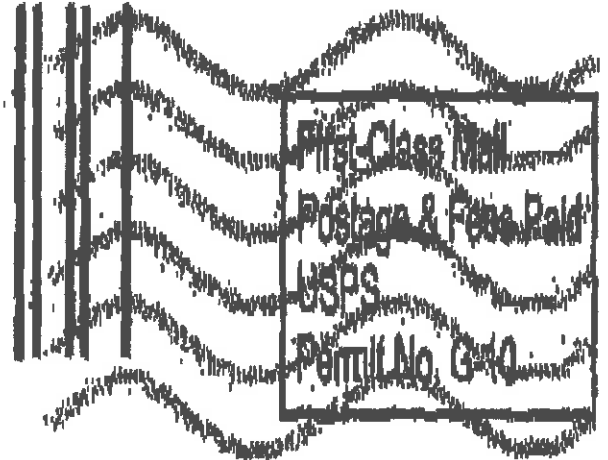
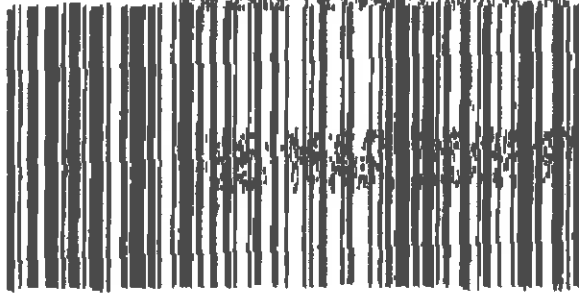
☒ Return Receipt for
Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation
Restricted Delivery

DOCUMENT 7

USPS TRACKING#



9590 9402 3461 7275 9054 25

United States
Postals

• Sender: Please print your name, address, and ZIP+4® in this box*

RECEIVED IN OFFICE
U.S. DISTRICT COURT
CIVIL DIVISION

MAR 19 2018

ANNE-MARIE ADAMS
CLERK

ANNE-MARIE ADAMS, CLERK

ROOM 400 JEFF CO COURTHOUSE

716 RICHARD ARRINGTON JR BLVD., NO.

BIRMINGHAM, ALABAMA 35203



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. BEHRMAN BROTHERS IV L.L.C.
CORPORATION SERVICE COMPA
251 LITTLE FALLS DR.
WILMINGTON, DE 19808

S/C
D-2

01-CV-2018-900889.00



9590 9402 3461 7275 9050 29

2 Article Number (Transfer from service label)

7017 2400 0000 4499 0137

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *William Lolley*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

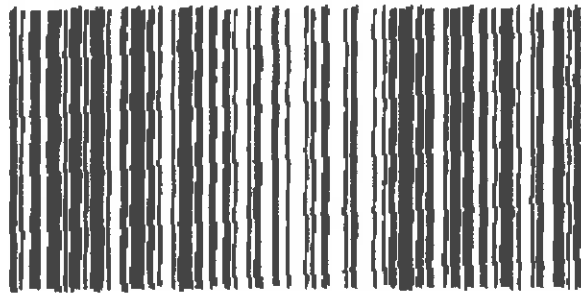
☒ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

DOCUMENT 9

USPS TRACKING#



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 3461 7275 9050 29

United States
Postal Service
FILED IN OFFICE
CIVIL DIVISION

MAR 19 2018

ANNE-MARIE ADAMS
CLERK

Sender: Please print your name, address, and ZIP+4® in this box®

ANNE-MARIE ADAMS, CLERK
ROOM 400 JEFF CO COURTHOUSE
716 RICHARD ARRINGTON JR BLVD, NO.
BIRMINGHAM, ALABAMA 35203



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. **As**
BEHRMAN CAPITAL IV L.P.
CORPORATION SERVICE COMPA
251 LITTLE FALLS DR.
WILMINGTON, DE 19808

01-CV-2018-900889.00



9590 9402 3461 7275 9050 43

2. Article Number (Transfer from service label)

7017 2400 0000 4441 7139

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Recipient Name **William Kelley** Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery
(over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted
Delivery

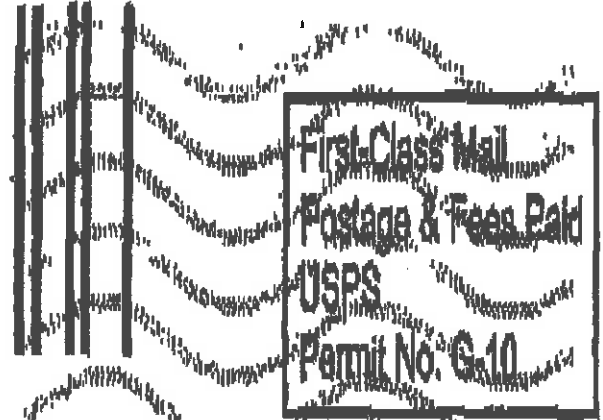
☒ Return Receipt for
Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation
Restricted Delivery

DOCUMENT 11

USPS TRACKING#



9590 9402 3461 7275 9050 43

United States
Postal Service

FILED IN OFFICE
CIVIL DIVISION
MAR 19 2018
ANNE-MARIE ADAMS
CLERK

• Sender: Please print your name, address, and ZIP+4® in this box•

ANNE-MARIE ADAMS, CLERK
ROOM 400 JEFF CO COURTHOUSE
716 RICHARD ARRINGTON JR BLVD., NO.
BIRMINGHAM, ALABAMA 35203



DOCUMENT 13

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. THE DOUGLAS E. BEHRMAN TRUST
 ATTN: TRUSTEE
 23 FAREWELL LANE
 GREENWICH, CT 06831

S/C
 D-14

01-CV-2018-900889.00



9590 9402 3461 7275 9055 00

2 Article Number (Transfer from service label)

7017 2400 0000 4499 0410

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *R. Till*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

R. Till

C. Date of Delivery

03/15

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

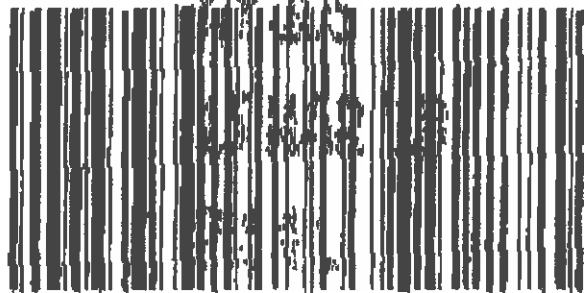
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®

- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

DOCUMENT 13

USPS TRACKING



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 3461 7275 9055 00

United States

Postal Service

FILED IN OFFICE
CIRCUIT CIVIL DIVISION

MAR 19 2018

ANNE-MARIE ADAMS
CLERK

* Sender: Please print your name, address, and ZIP+4® in this box*

ANNE-MARIE ADAMS, CLERK
ROOM 400 JEFF CO COURTHOUSE
716 RICHARD ARRINGTON JR BLVD., NO.
BIRMINGHAM, ALABAMA 35203

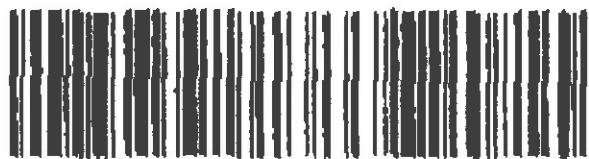


SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. THE KIMBERLY E. BEHRMAN TRUST
 ATTN: TRUSTEE
 23 FAREWELL LANE
 GREENWICH, CT 06831

01-CV-2018-900889.00



9590 9402 3461 7275 9054 87

2. Article Number (Transfer from service label)

7017 2400 0000 4499 0434

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *R. Till*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

R. Till

C. Date of Delivery

03/14

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

S. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☒ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

DOCUMENT 15

USPS TRACKING#



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 3461 7275 9054 87

United States
Postal Service

FILED IN OFFICE
CIRCUIT CIVIL DIVISION

MAR 19 2018 ANNE-MARIE ADAMS, CLERK

ANNE-MARIE ADAMS
CLERK

ROOM 400 JEFF CO COURTHOUSE
716 RICHARD ARRINGTON JR BLVD., NO.
BIRMINGHAM, ALABAMA 35203



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Number
PRADYUT SHAH

1333 DIAMOND STREET
SAN FRANCISCO, CA 94131

SZ
0-20

01-CV-2018-900889.00



9590 9402 3461 7275 9054 49

2. Article Number (Transfer from service label)

7017 2400 0000 4499 0472

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery
(over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted
Delivery

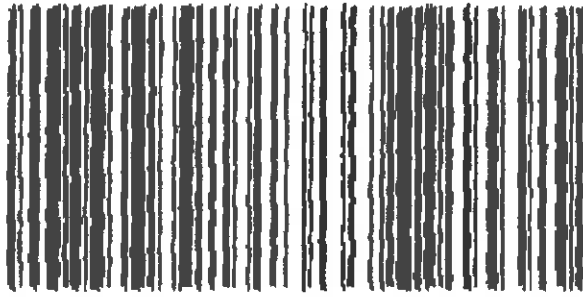
☒ Return Receipt for
Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation
Restricted Delivery

DOCUMENT 17

USPS TRACKING #



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 3461 7275 9054 49

United States
Postal Service

* Sender: Please print your name, address, and ZIP+4® in this box*

FILED IN OFFICE
CIRCUIT CIVIL DIVISION
MAR 19 2018
ANNE-MARIE ADAMS
CLERK

ANNE-MARIE ADAMS, CLERK
ROOM 400 JEFF CO COURTHOUSE
716 RICHARD ARRINGTON JR BLVD., NO.
BIRMINGHAM, ALABAMA 35203



DOCUMENT 19

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Address
JEFFREY S. WU

210 EAST 15TH STREET
APT 10JK

NEW YORK, NY 10003

01-CV-2018-900889.00



9590 9402 3461 7275 9054 32

2 Article Number (Transfer from service label)

7017 2400 0000 4499 0489

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

3/15

D. Is delivery address different from item 1?

☒ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery
(over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted
Delivery

☒ Return Receipt for
Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation
Restricted Delivery

USPS TRACKING#



PH 13 L

9590 9402 3461 7275 9054 32

First-Class Mail
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USPS
Permit No. G-10

United States
Postal Service

* Sender: Please print your name, address, and ZIP+4® in this box*

FILED IN OFFICE
CIRCUIT CIVIL DIVISION

MAR 19 2018

ANNE-MARIE ADAMS
CLERK

ANNE-MARIE ADAMS, CLERK
ROOM 400 JEFF CO COURTHOUSE
715 RICHARD ARINGTON JR BLVD., NO.
BIRMINGHAM, ALABAMA 35203

-010100



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. A **PORTFOLIO ADVISORS**
SECONDARY FUND, L.P.
COGENCY GLOBAL, INC.
850 NEW BURTON RD STE 201
DOVER, DE 19904

MC
D-8

01-CV-2018-900889.00



9590 9402 3461 7275 9051 59

2. Article Number (Transfer from service label)

7017 2400 0000 4499 0267

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X  ☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. David

C. Date of Delivery

3/16/18

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

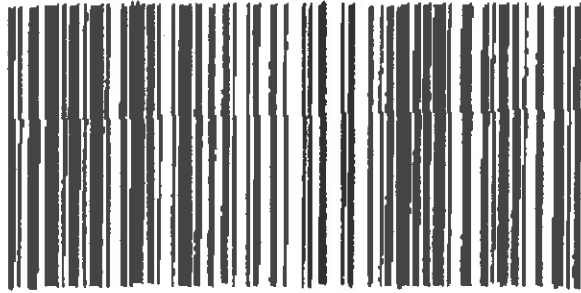
☒ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING#



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 3461 7275 9051 59

United States IN OFFICE
Postal Service CIVIL DIVISION

MAR 22 2018

ANNE-MARIE ADAMS
CLERK

Sender: Please print your name, address, and ZIP+4® in this box®

ANNE-MARIE ADAMS, CLERK
ROOM 400 JEFF CO COURTHOUSE
16 RICHARD ARRINGTON JR BLVD., NO.
BIRMINGHAM, ALABAMA 35203



DOCUMENT 23

SENDER, COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. MINTZ LEVIN, COHN, FERRIS,
GLOVSKY AND POPEO, P.C.
CORPORATION SERVICE COMPA
84 STATE STREET
BOSTON, MA 02109

S/C
D-23

01-CV-2018-900889.00



9590 9402 3461 7275 9054 18

2. Article Number (Transfer from service label)

7017 2400 0000 4499 0502

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

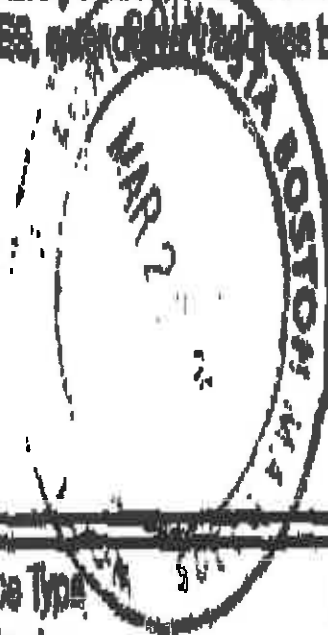
☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No



3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

DOCUMENT 23

USPS TRACKING#



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 3461 7275 9054 1A

United States
Postal Service

FILED IN OFFICE
CIRCUIT CIVIL DIVISION

MAR 26 2018

ANNE-MARIE ADAMS
CLERK

1 Sender. Please print your name, address, and ZIP+4® in this box®

ANNE-MARIE ADAMS, CLERK
ROOM 400 JEFF CO COURTHOUSE
716 RICHARD ARRINGTON JR BLVD., NO.
BIRMINGHAM, ALABAMA 35203



DOCUMENT 25

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:**MARK V. GRIMES****5 THOMPSON STREET
ANNAPOLIS, MD 21401****9/2
D-15****01-CV-2018-900889.00****9590 9402 3461 7275 9054 94****2. Article Number (Transfer from service label)****7017 2400 0000 4499 0427****COMPLETE THIS SECTION ON DELIVERY****A. Signature****X****B. Received by (Printed Name)**☐ Agent☐ Addressee**C. Date of Delivery****7/23/18****D. Is delivery address different from item 1?**☐ Yes

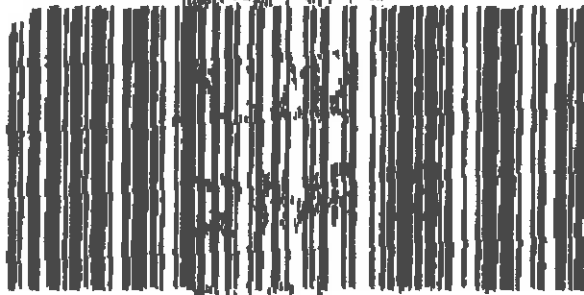
If YES, enter delivery address below:

☐ No**3. Service Type**☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery
(over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☒ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

DOCUMENT 25

USPS TRACKING#

BALTIMORE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 3461 7275 9054 94

United States
Postal Service

* Sender: Please print your name, address, and ZIP+4® in this box*

FILED IN OFFICE
CIRCUIT CIVIL DIVISION

MAR 26 2018

ANNE-MARIE ADAMS
CLERK

ANNE-MARIE ADAMS, CLERK
ROOM 400 JEFF CO COURTHOUSE
116 RICHARD ARRINGTON JR BLVD., NO.
BIRMINGHAM, ALABAMA 35203



SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. GLOBAL FUND PARTNERS II, LP
 CORPORATION TRUST COMPANY
 1209 ORANGE STREET
 WILMINGTON, DE 19801

S/C
 D-6

01-CV-2018-900889.00



9590 9402 3461 7275 9051 28

2. Article Number (Transfer from service label)

7017 2400 0000 4499 0229

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Amy McLaren* ☒ Agent

☐ Addressee

B. Received by (Printed Name)

RECEIVED

C. Date of Delivery

MAR 19 2018

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

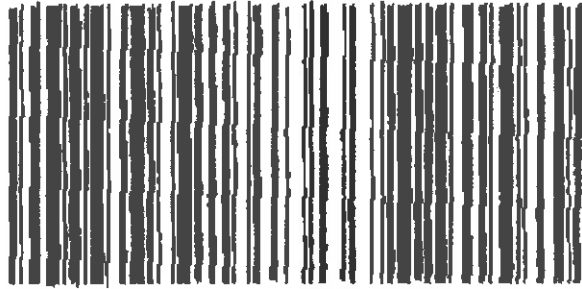
3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

DOCUMENT 27

USPS TRACKING#



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 3461 7275 9051 28

United States Postal Service
Sender: Please print your name, address, and ZIP+4® in this box®

FILED IN OFFICE
CIRCUIT CIVIL DIVISION

MAR 27 2018

ANNE-MARIE ADAMS
CLERK

ANNE-MARIE ADAMS, CLERK
ROOM 400 JEFF CO COURTHOUSE
716 RICHARD ARRINGTON JR BLVD., NO.
BIRMINGHAM, ALABAMA 35203



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Amy McLaren

☐ Agent☐ Addressee

B. Received by (Printed Name)

RECEIVED

C. Date of Delivery

MAR 19 2018

Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

CORE AMERICAS/GLOBAL HOLDINGS, LP

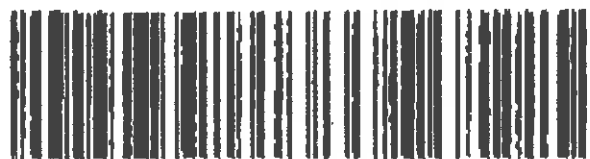
CORPORATION TRUST COMPANY

1209 ORANGE STREET

WILMINGTON, DE 19801

S/C
D-4

01-CV-2018-900889.00



9590 9402 3461 7275 9070 47

2. Article Number (Transfer from service label)

7017 2400 0000 4499 0205

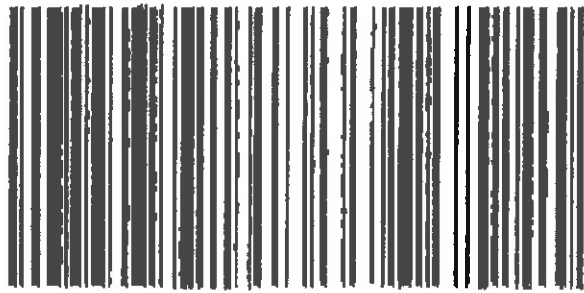
3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

DOCUMENT 29

USPS TRACKING#



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 3461 7275 9070 47

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

FILED IN OFFICE ANNE-MARIE ADAMS, CLERK
CIRCUIT CIVIL DIVISION ROOM 400 JEFF CO COURTHOUSE
MAR 27 2018 716 RICHARD ARRINGTON JR BLVD., NO.
BIRMINGHAM, ALABAMA 35203
ANNE-MARIE ADAMS
CLERK



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

MIDCAP FINANCIAL INVESTMENT, LP
 CORPORATION TRUST COMPANY
 1209 ORANGE STREET
 WILMINGTON, DE 19801

S/C
 D-3

01-CV-2018-900889.00



9590 9402 3461 7275 9051 35

? Article Number (Transfer from service label)

7017 2400 0000 4499 0199

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Amy McLaren* Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

RECEIVED MAR 18 2018

D. Is delivery address different from item 1? ☐ Yes

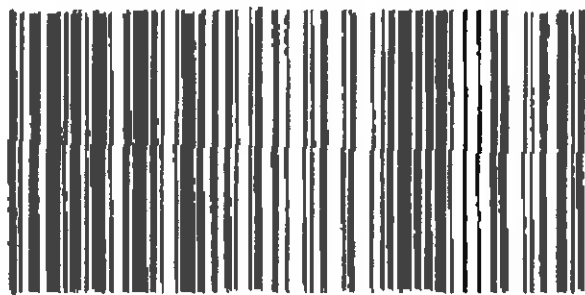
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

USPS TRACKING#



First-Class Mail
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USPS
Permit No. G-10

9590 9402 3461 7275 9051 35

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box®

FILED IN OFFICE
MURKIN CIVIL DIVISION

MAR 27 2018

ANNE-MARIE ADAMS
CLERK

ANNE-MARIE ADAMS, CLERK
ROOM 400 JEFF CO COURTHOUSE
715 RICHARD ARRINGTON JR BLVD., NO.
BIRMINGHAM, ALABAMA 35203



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Amy McLaren* ☐ Agent☐ Addressee

B. Received by (Printed Name)

RECEIVED MAR 19 2018

C. Date of Delivery

Is delivery address different from item 1? ☐ YesEnter delivery address below: ☐ No

STEPSTONE PRIVATE EQUITY PARTNERS III L.P.

CORPORATION TRUST COMPANY

1209 ORANGE STREET

WILMINGTON, DE 19801

S/C
D-9

01-CV-2018-900889.00



9590 9402 3461 7275 9051 42

2. Article Number (Transfer from service label)

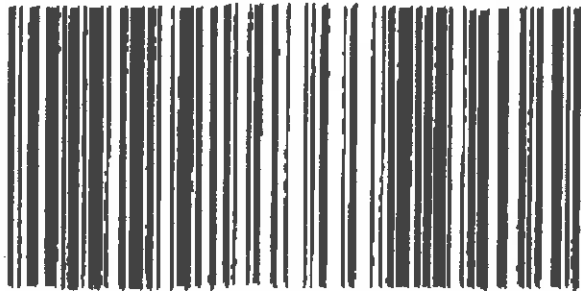
7017 2400 0000 4499 0274

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

USPS TRACKING#



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 3461 7275 9051 42

United States

Postal Service

FILED IN OFFICE
CIRCUIT CIVIL DIVISION

MAR 27 2018

ANNE-MARIE ADAMS
CLERK

• Sender: Please print your name, address, and ZIP+4® in this box

ANNE-MARIE ADAMS, CLERK
ROOM 400 JEFF CO COURTHOUSE
716 RICHARD ARRINGTON JR BLVD., NO.
BIRMINGHAM, ALABAMA 35203

